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PUBLIC HEALTH IN STATE CONSTITUTIONS

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Provisions pertaining to public health may now be found in the existing constitutions of 9 of our 48 States. In most instances these sections require the legislature to establish a State board of health, though a few deal with the powers of the legislature regarding local health administration. In only one case, that of Texas, is the creation of the State board of health (and vital statistics) by the legislature made permissive and not mandatory. In a few States there are also provisions in the constitutions concerning the practice of medicine.

A State constitution is the supreme law of the State, subject only to such legal limitations as may be expressed or implied in the Federal Constitution, which enumerates the powers which have been granted to the National Government. The State constitution is more in the nature of a limitation of powers, because all things not denied in this instrument may be performed by the State, and all matters required therein must be done by the State, or by the citizens thereof, as the case may be.

The care of the public health is, under our form of government, entrusted primarily to each of the individual States, which is supreme so far as the health of its own people is concerned. This duty forms a part of the police power of the State, a power possessed before the National Government was formed and not relinquished to the United States then or subsequently. It is, in fact, the inherent responsibility of the State to promote and protect the health of its inhabitants, a duty which can not be refused or given up. This is so whether there are health provisions in a State constitution or not.

Public health need not be specifically mentioned in a State constitution in order to give the State power over this important function of government. It is useful, however, to require in this document that a State health organization be created, or to set forth in general terms the duties of the legislature with respect to public health. From the standpoint of government it is questionable policy for the State constitution to go into details as to administrative procedure in this connection. Such details will, moreover, be found in only one State constitution, that of Louisiana, where the composition of the

State board of health is presented in a most minute manner. Such matters should be left to the discretion of the law-making body of the State, the legislature; for, with the advancement of science, it may be found expedient to change the type of organization from time to time. A statute may be altered much more readily than may a constitution. It is, of course, the privilege of the people to place administrative details in their organic law, but it is a poor principle, nevertheless.

In the following pages will be given those portions of the nine State constitutions which have to do with the public health. There are, obviously, many other parts of State constitutions which affect public health, either directly or indirectly. Thus in Georgia it was recently held by the supreme court of that State that, although the constitution authorizes the collection of county taxes for "necessary sanitation," a State law permitting taxation to pay registrars of vital statistics fees for such statistics is unconstitutional, as "necessary sanitation" does not include the collection of such statistics.¹

In the quotations from the State constitutions given below it will be noted that in only three instances do the particular articles of the respective constitutions bear the title of "Health" or "Public Health." In all other instances the health provisions are contained under other sections of the constitutions, such as those referring to "Legislative department," "Administrative officers and boards," "Municipal corporations and police regulations," "General provisions," or "Miscellaneous." The most succinct statement is given in the California constitution, while the longest and most detailed statement appears in the constitution of Louisiana. The State board of health is the subject of provisions in the constitutions of California, Delaware, Florida, Louisiana, Oklahoma, Texas, and Washington; county (or parish) boards are dealt with in those of Florida and Louisiana; and local boards of health are mentioned in the constitutions of Delaware, Louisiana, and South Carolina, the last named not dealing with State organization at all. In each of these last three States the local health authorities are stated to be subordinate to the State officials. The practice of medicine is the subject of provisions in the constitutions of Louisiana, Texas, and Washington. The health section in the Wyoming constitution is the most general in scope. It is also worth noticing that while the Oklahoma constitution requires the creation by the legislature of a State board of health the legislature has actually set up an organization consisting of a single commissioner in charge of a department of health.²

¹ Smith vs. State, 129 S. E. 542.

² Comp. L. of 1909, sec. 340.

CALIFORNIA**Constitution of 1879, Article XX (Miscellaneous)**

Section 14: The legislature shall provide by law for the maintenance and efficiency of a State board of health.

DELAWARE**Constitution of 1897, Article XII (Health)**

The general assembly shall provide for the establishment and maintenance of a State board of health, which shall have supervision of all matters relating to public health, with such powers and duties as may be prescribed by law; and also for the establishment and maintenance of such local boards of health as may be necessary, to be under the supervision of the State board, to such extent and with such powers as may be prescribed by law.

FLORIDA**Constitution of 1885, Article XV (Public Health)**

Section 1: The legislature shall establish a State board of health and also county boards of health in all counties where it may be necessary.

Section 2: The State board of health shall have supervision of all matters relating to public health, with such duties, powers, and responsibilities as may be prescribed by law.³

Section 3: The county boards of health shall have such powers and be under the supervision of the State board to such extent as the legislature may prescribe.

LOUISIANA**Constitution of 1921, Article VI (Administrative Officers and Boards)**

Section 11: The legislature shall create for the State and for each parish and municipality therein boards of health and shall define their duties and prescribe their powers. The parish and municipal boards of health shall be subordinate to the State board of health. The State board of health shall be composed of a president, who shall be designated as State health officer, and eight members, one from each congressional district as at present constituted, five of which members shall be duly qualified and registered physicians, and the three others shall have such qualifications as shall be prescribed by the legislature. The governor shall, by and with the advice and consent of the senate, appoint the president and members of the State board of health.

Section 12: The legislature shall provide for the interest of State medicine in all of its departments; for the protection of the people from unqualified practitioners of medicine, dentistry, veterinary medicine, and pharmacy; for protecting confidential communications made to practitioners of medicine and dentistry and druggists by their patients and clients while under professional treatment and for the purpose of such treatment; for the protection of the people against the sale, barter, gift, and use of injurious or adulterated drugs, foods, and drinks, and against any and all misbranding and adulteration of the general necessities of life of whatever kind or character.⁴

³ It has been held in *Logan v. Childs* (51 Fla. 233, 41 So. 197) that this section has no application when the board declines to interfere with a municipal ordinance.

⁴ Article 296 of the 1913 constitution had the following provision:

"The general assembly shall create for the State and for each parish and municipality therein boards of health, and shall define their duties and prescribe the powers thereof. The State board of health shall be composed of representative physicians from the various sections of the State."

OKLAHOMA

Constitution of 1907, Article V (Legislative Department)

Section 39: The legislature shall create a board of health, board of dentistry, board of pharmacy, and pure food commission, and prescribe the duties of each. All physicians, dentists, and pharmacists now legally registered and practicing in Oklahoma and Indian Territory shall be eligible to registration in the State of Oklahoma without examination or cost.

SOUTH CAROLINA

Constitution of 1895, Article VIII (Municipal Corporations and Police Regulations)

Section 10: Boards of health: It shall be the duty of the general assembly to create boards of health wherever they may be necessary, giving them the power and authority to make such regulations as shall protect the health of the community and abate nuisances.

TEXAS

Constitution of 1876, Article XVI (General Provisions)

Section 31: The legislature may pass laws prescribing the qualifications of practitioners of medicine in this State and providing for the punishment of persons for malpractice, but no preference shall ever be given by law to any schools of medicine.

Section 32: The legislature may provide by law for the establishment of a board of health and vital statistics, under such rules and regulations as it may deem proper.

WASHINGTON

Constitution of 1889, Article XX (Public Health and Vital Statistics)

State board of health: 1. There shall be established by law a State board of health and a bureau of vital statistics in connection therewith, with such powers as the legislature may direct.

Medicine and surgery: 2. The legislature shall enact laws to regulate the practice of medicine and surgery and the sale of drugs and medicines.

Same, Article II (Legislative Department)

Section 35: The legislature shall pass necessary laws for the protection of persons working in mines, factories, and other employments dangerous to life or deleterious to health; and fix pains and penalties for the enforcement of same.

WYOMING

Constitution of 1889, Article VII (Education)

Section 20: As the health and morality of the people are essential to their well being, and to the peace and permanence of the State, it shall be the duty of the legislature to protect and promote these vital interests by such measures for the encouragement of temperance and virtue, and such restrictions upon vice and immorality of every sort, as are deemed necessary to the public welfare.

A STUDY OF ILLNESS IN A GENERAL POPULATION GROUP¹

Hagerstown Morbidity Studies No. I: The Method of Study and General Results

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In a previous paper a report was given of the general results of a morbidity study in Hagerstown, Md.² These results were provisional, since they were based on a preliminary tabulation.

In the present communication a more precise and complete statement is made of—

1. The scope of the study and the method of observation;
2. The general character of the results obtained;
3. The procedure employed in classifying illnesses according to cause;

And some of the general results are given of a final tabulation of the data collected, including—

1. The incidence of illness and the causes thereof as observed over a period of 28 months;
2. The incidence of certain *acute diseases* in so far as they were observed, whether they were the sole cause or were complicating conditions or sequelæ of a given illness;
3. The proportion of *persons* among whom certain diseases or conditions were incident or prevalent during the period.

In later papers it is planned to present other phases of the study.

SCOPE OF THE STUDY AND METHOD OF OBSERVATION

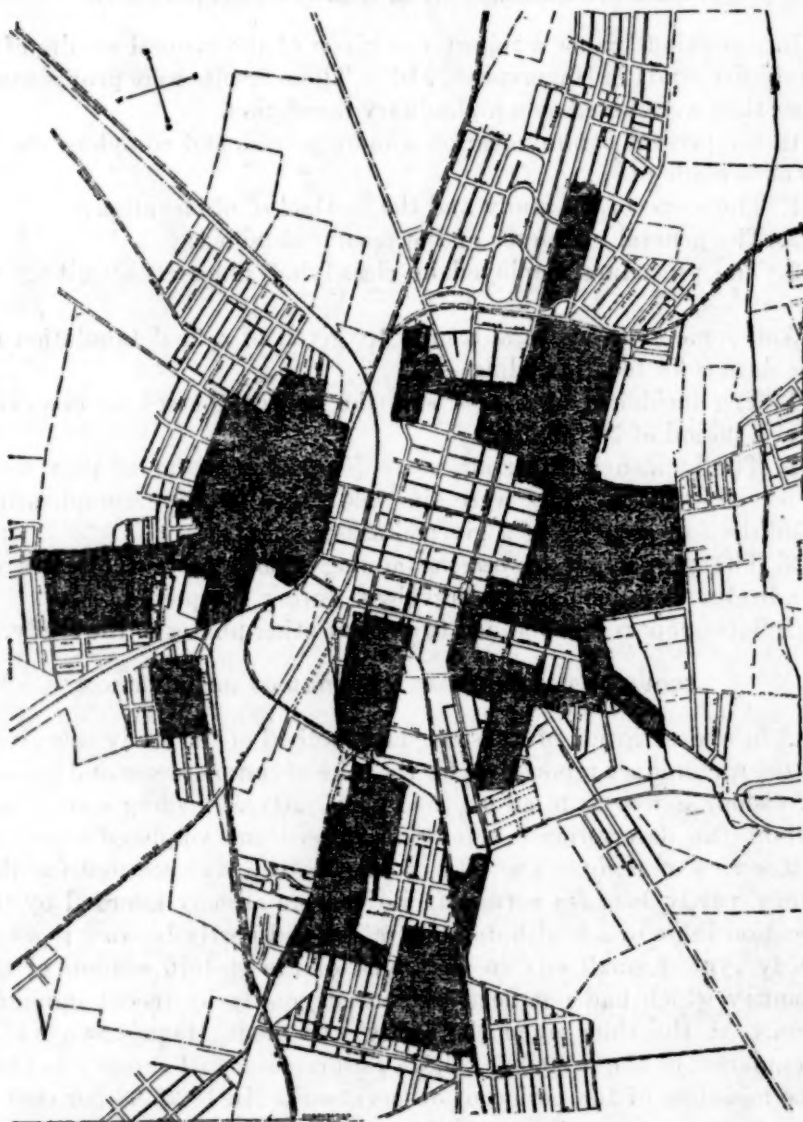
A brief description of the scope and method of the study was given in the preliminary report, but for the sake of completeness and greater precision, as well as to afford the opportunity of making certain addenda, this description is somewhat revised and amplified here.

Location of study.—The city of Hagerstown was selected for this study partly because certain facilities were already afforded by the location there of a health demonstration and partly because it was a fairly typical small city in that part of the eastern section of the country which had not been influenced greatly by recent immigration. At the time when the study was made Hagerstown had a population of about 30,000 (29,878 estimated as of February 1, 1923, the mid-date of the period of observation). In 1920, 93 per cent of its population were native white and 88 per cent were native white of native parents. The foreign born comprised less than 2 per cent, and 5 per cent were colored. Of the total population 10 years of

¹ From the Office of Statistical Investigations, United States Public Health Service.

² The Incidence of Illness in a General Population Group. Pub. Health Rep. Feb. 13, 1925, 40, 279-291. (Reprint No. 989.)

age and over, only 3 per cent were classed illiterate, and of the native white of the same ages only 2 per cent were classed as illiterate. No large or predominant industry is located in Hagerstown, the chief industries being those incident to the requirements of the surrounding



Plat of Hagerstown showing scattered areas in which the population was observed for incidence of illness from Dec. 1, 1921, to Mar. 31, 1924, by U. S. Public Health Service investigators

area—retail and wholesale trade, a number of small factories, and transportation. Among the wage-earning group, railroad work probably predominates, the shops of the Western Maryland Railway being situated there.

Scope.—The study was planned to include between 1,500 and 2,000 families, and the sections of the city in which the observations were to be made were selected upon two grounds, namely, (1) representativeness of different economic classes, and (2) convenience for repeated visiting. The accompanying plat of the incorporated city shows the sections selected. Only white persons were included, since the number of negroes was too small to yield comparable results.

In the final tabulation of the results the observations made in 1,815 households were included. These households contained 8,587 persons for whom morbidity information at one or more canvasses was secured. The actual number of households visited was somewhat larger, the discarded households being of two kinds—those which moved away from the city or to some section of the city inconvenient for the field assistants to visit and those from which only unsatisfactory information could be secured. The proportion of the latter was small; in fact, the cooperation given by the families of all economic classes was very satisfactory and gratifying. As will be explained later, the data approximate a continuous record for 28 months. A certain amount of change necessarily occurs in an ordinary population of this size, however. As stated above, 8,587 persons were included in the study, but the maximum population in any one month was 7,572. Obviously, births and deaths affected the population, and sons and daughters were married, sometimes living with a parent temporarily and later leaving the household for some part of the city not being canvassed. Occasionally no one could be found at home or the family was away on a vacation for a month or two in the summer. The following table shows, however, that 90 per cent of the persons were observed for one year and 50 per cent for 26 of the possible 28 months.

Per cent of persons observed for specified number of months in the Hagerstown morbidity study

Months under observation	Persons under observation specified number of months	
	Number	Per cent of total
28 months.....	3,202	37.3
26 months or more.....	5,140	49.8
24 months or more.....	5,787	67.4
18 months or more.....	6,824	79.5
14 months or more.....	7,528	87.7
12 months or more.....	7,794	90.8
9 months or more.....	8,085	94.2
6 months or more.....	8,340	97.1
4 months or more.....	8,431	98.2

When the number of persons born or dying in the household which was observed 26 months or more is added we find that 63 per cent of the total persons of record were in the population classed as "Under observation 26 months or more."

If we express this total "exposure" in terms of persons for one year our population consists of 16,517 "years of exposure," of which 8,001 were for males and 8,516 for females. This is the *numerical* equivalent of a population of 7,079 persons observed continuously for 28 months, or an average monthly population of the same size.³

Sex and age distribution of the population.—In selecting the population for study, persons living in families were chosen; and in selecting the families for study, some preference was given to those with children. As a result, the observed population has a greater percentage of children under 15 years of age and slightly fewer young adults from 20 to 35 years of age than the entire city. The percentage distribution of the observed population is compared with the total Hagerstown population in the table below:

Percentage distribution of Hagerstown population and of the observed population

Age group	Hagerstown, census of 1920	Observed popu- lation 1921-1924	Difference + or -
Total.....	100.0	100.0	-----
0-4.....	10.7	11.0	+0.3
5-9.....	10.2	13.0	+2.8
10-14.....	8.7	10.6	+2.1
15-19.....	8.4	8.6	+0.2
20-24.....	9.3	7.0	-2.3
25-34.....	17.9	15.3	-2.6
35-44.....	13.6	13.5	-0.1
45-64.....	16.3	16.0	-0.3
65 and over.....	4.8	5.0	+0.2

These differences are not great enough to prevent the observed population from being typical of the whole, an indication not without interest in itself since it suggests that in a city of this type there is a comparatively small number of unattached persons, and that family groups constitute almost the entire population. The differences shown in the table are so slight that if the total illness rate for persons of known age in the observed population is adjusted according to the Hagerstown population the rate is lowered less than 3 per cent. In fact, if we adjust the rate for sex and age to the population of the United States it becomes 1054 per 1,000 as against a crude rate of 1081, a difference of only 2 per cent.

Method.—The method of observation and recording the results may be described briefly as follows:

³ This figure is somewhat smaller than that (7,200) used in the preliminary report because of the discarding of some families, as explained above.

(1) A preliminary house-to-house survey was made by members of the staff of the Office of Statistical Investigations in November, 1921, in the several sections selected, in the course of which the population of these sections was enumerated and records were made (a) for each individual, relating to color, sex, and age, past occurrence of certain contagious diseases and present acute or chronic diseases or ailment, and (b) for each household relating to its general economic status, sanitary condition, method of excreta disposal, and water and milk supplies.

(2) This survey was followed by a series of 16 canvasses, each household being visited by a trained field assistant at intervals of from six to eight weeks. At each visit a history of the incidence of sickness in the family since the preceding visit, with a statement of the date of onset, duration, extent of disabling effects, and attendance of physician, was obtained from a relatively responsible informant, usually the housewife.

(3) In addition, other sources of information were regularly and systematically utilized in obtaining the record of disease prevalence, as follows: (a) Weekly records of absence from school, specifying the nature of the illness whenever illness was the cause so far as the teacher could ascertain it; (b) reports of all cases treated in the various clinics maintained in conjunction with the Washington County Health Demonstration, all of the clinics being participated in by local physicians; (c) reports of notifiable diseases from practicing physicians; (d) reports of district nurses; (e) data collected in field investigations of child hygiene by the United States Public Health Service in cooperation with the Washington County Health Demonstration.

(4) For all cases attended by physicians the statements made by the informant as to the nature or cause of illness were submitted to the physicians concerned for review and correction.

GENERAL DISCUSSION OF THE NATURE OF THE RESULTS OBTAINED

As it was pointed out in the preliminary report, the result of these canvasses is not, of course, a complete record of all of the ill health prevalent in this population during the period of observation nor even an accurate statement of the causes of all the attacks of disease which were recorded. Such a record was impracticable for so large a population of this kind, and no false hopes of obtaining it were indulged in. Furthermore, it must be obvious from clinical experience as well as from considerations of a practical kind that the full extent of ill health and its specific nature can not be ascertained by any one method. Properly conducted physical examinations, supplemented by the necessary laboratory findings, will yield certain indispensable

indications of the existence and the net results of various diseases and conditions, but they will not tell the whole story. A carefully obtained history, for each individual, of previous health, incidence of disease, occurrence of various symptoms, and exposure to certain possibly relevant conditions will add to the picture. Of undoubted importance is a period of observation during which the reactions of the individual under ordinary as well as specific circumstances are recorded; this record may be of the occurrence of various symptoms and of the extent to which the subject is affected—whether only slightly ill, or more or less continuously “below par,” or unable to engage in his usual activities, or disabled for long periods, or dying. The detail and accuracy with which these observations are made depend, naturally, upon the means employed.

Our study was of the nature of the third method mentioned above, namely, *a series of observations which was directed as specifically as possible to the illnesses which occurred among a population during the period chosen.*

Now, it is evident that the length of interval between inquiries is one important determinant of *how much* sickness and what kinds of sickness will be recorded. A weekly inquiry will elicit information on more slight ailments than a monthly inquiry, and an inquiry made every six or eight weeks will fail to obtain information on many ailments of very short duration or of several days' duration but accompanied only by slight discomfort. From previous experience in sickness surveys and continuous morbidity records and disability records of industrial employees we were led to believe that the intervals between visits chosen for the present study would probably yield a fairly accurate record of *real illnesses.*

As a matter of fact, less than 5 per cent of the illnesses of exactly stated durations recorded in our study were one day or less in duration. Nearly 80 per cent were three days or longer, and 60 per cent were eight days or longer in duration.⁴ Approximately 40 per cent were not only disabling but caused confinement to bed. It is evident, therefore, that in the main the illnesses recorded were more than trivial in their character, in spite of the fact that in some instances mere symptoms were given as diagnoses. The incidence of acute attacks of specific and generally recognizable diseases has been, we feel, recorded with a satisfactory degree of completeness. On the other hand, the incidence of mild attacks, as, for example, of coryza, and of slight disorders and even of serious conditions when such conditions were not accompanied by noticeable symptoms, is probably incomplete and in many instances inaccurate in spite of the fact

⁴ The results of this study relating to duration of cases of illnesses will be presented and discussed in a later paper.

that a record of 28 months was obtained for the same individuals. Cases attended by physicians may be said to be quite complete.⁵

The question properly may be asked: Exactly what is meant by "illness"? The question is hard to answer with a precise definition. In the first place, the records of "illness" obtained in this study were of illnesses as reported by the household informant (usually the wife) either as experienced by herself or as she observed them in her family; the definition of the term thus can not be refined any further than the common understanding of the word. In the second place, the records as obtained were of *attacks* rather than illness in the sense of ill health. As will appear later, of those persons affected with some chronic condition, only those who suffered ill effects of this condition *during the period* were recorded as having this condition. It is undoubtedly true that had we employed this method of study over a period longer than 28 months more conditions of this nature would have been brought to light, since the factor of time is a fundamental one in recording and interpreting morbidity. At the same time it must be evident that there is a period beyond which additional observation of this kind will not yield much additional information, when, for practical purposes, the "law of diminishing returns" renders further expenditure of effort and patience unprofitable for the purpose in mind.

The reader is cautioned against putting too fine a point on the definition of illness as recorded in this series of observations. Perhaps it is sufficient simply to bear in mind that the chief aim of the study was a record of illnesses, as ordinarily understood, that were experienced by a population group composed of persons of all ages and both sexes, and in no remarkable respect unusual. This record, the first of its kind so far as we are aware, was regarded as desirable in order to give a picture of the sickness *incidence* in a general population group over a sufficiently long period of time to distinguish it from sickness prevalence as ascertained at a given instant in time by the cross-section method.

CLASSIFICATION OF ILLNESSES ACCORDING TO CAUSE

When the stage of classifying the illnesses according to cause was reached in the course of this study it was brought home to us that while a little knowledge is a dangerous thing the task of dealing with a little more knowledge was a very puzzling and troublesome thing. The chief difficulty lay in the selection of the primary cause of illness when several possible causes were observed. This difficulty has

⁵ During the same period in which this study was made every absence of school children in Hagerstown was recorded, with such information relating to cause of absence as could be secured from the children, parents, and teachers. The sickness rates for children in school based upon records obtained in house-to-house visits were compared with the rates based upon school records, with the result that the two rates for sickness lasting three days or longer were almost identical. About 50 per cent of sicknesses lasting one day or longer and about 75 per cent of those lasting two days or longer were recorded in the house-to-house canvasses, but a larger proportion of the short-time absences from school were ascribed to "headache" and other symptoms.

been experienced, of course, in dealing with the so-called "joint" causes of death, and a more or less arbitrary statistical procedure has been developed. But in the case of our morbidity records it happened that for many individuals there was a series of observations covering some period of time, and this entire sickness history of an individual frequently had to be considered in determining the primary cause of a particular illness. In other words, we were in the position of knowing a good deal more about these individuals than we would learn from the entries ordinarily made on a death certificate. There were other difficulties, as well; but in dealing with them all it seemed to us that the primary purpose to be kept in mind was the *immediate cause of each specific illness*. The prevalence of any disease or the reason or reasons for the ill health of the individual concerned was regarded as another, although often related, matter, to be determined for another purpose. This we tried to do by adhering to the procedure outlined below.

1. The term "illness" was rigidly interpreted as "a continuous period of sickness,"* regardless of complications, even though in some instances the coincident occurrence of two or more conditions seemed to be a matter of chance. Thus, a person who had grippe, measles, and chicken pox within one continuous period, i. e., without a definite statement from the family that some time intervened between the separate conditions, would be credited with only *one illness*. A person with several chronic conditions contributing to a more or less continuous condition of illness was counted as sick only once, and one condition was considered the primary cause and the others contributory causes. All respiratory illnesses were carefully edited to see that the same continuous sickness was not counted as two illnesses when due to what seemed to be *successive* or *progressive* conditions. Thus a person might report a cold followed by pneumonia; this would be counted only once as pneumonia. Similarly, many combinations of respiratory conditions were reported, such as cold and bronchitis, bronchitis and tonsillitis, tonsillitis and influenza. All were counted as *one illness*, and that condition which, from the obtainable information, was chiefly responsible for this particular illness was considered the sole cause.

2. In the many cases in which more than one cause of an illness or attending condition was recorded the following general rules were followed in selecting the primary cause under which the illness was classified:

(a) The *first* cause in order of occurrence, applied largely to acute conditions with common complications; such as influenza and pneumonia, measles and otitis media, scarlet fever and nephritis.

(b) *Acute* conditions ordinarily were given preference over an attack of some chronic condition. Thus, in case of grippe and chronic rheumatism, the grippe was considered primary.

* The annual incidence rate determined by our final tabulation was 51 per 1,000 less than in the preliminary tabulation, a difference due primarily to a more rigid conformance to this interpretation.

(c) The condition or disease *most specifically associated with the period of sickness* was preferred over a minor condition which preceded or accompanied it. For example, tooth abscess and rheumatism; the latter was made primary. When it was difficult to determine the factual basis, the more serious condition was chosen.

(d) The *more specific* cause was given preference over a statement of a symptom.

(e) When none of the above rules could be applied, and the history of the individual gave no basis for decision, the condition mentioned first by the informant was made primary. The number of such cases was relatively small.

Rather frequently the informant mentioned more than one condition in telling about an illness, but when these conditions were in the nature of symptoms which simply amplified the information as regards a single cause of illness they were not tabulated as complications or contributory causes. For example, a person may have reported indigestion and a headache as the cause of illness, but only the indigestion was counted. In other words, *symptoms* were not made contributory causes unless it seemed quite certain they represented a condition *separate* and *distinct* from the primary diagnosis. On the other hand, all specific conditions were tabulated, even though they were very frequently complications of the primary disease. Thus, in the case of cold and indigestion, the cold was made primary, but the indigestion was tabulated as a complication.

The form of the classification used was the International List of Causes of Death, 1920 Revision. Some departures, dictated by considerations which we believe will be apparent to anyone more interested in the causes of illness than in a mere scheme of classification, were made from it; but in all the tables here presented the International List numbers are carried for definitive purposes.

THE INCIDENCE OF ILLNESSES CLASSIFIED BY CAUSE

The basic data used in this report are presented in Table 1. Here is shown the number of illnesses recorded during the 28 months, classified according to the sole or primary cause. The principal specific causes are shown separately and also the totals for groups of diseases according to the International List of 1920. In the last two columns of the table are shown the number of times each disease was reported as a complicating or contributory cause of an illness. Thus if it is desired to know the number of times otitis media was the primary cause of illness the first three columns in Table 1 show that there were 117 illnesses due to this cause, 57 males and 60 females; but the last two columns in the table show that otitis media was present in an additional 19 illnesses of males and 30 illnesses of females, and the sum of the two numbers for males and the two for females gives, therefore, the total number of times otitis media was either a primary cause or a contributory cause of illness.

TABLE 1.—Number of illnesses in which specified diseases or conditions were the sole or primary cause and the number in which each disease or condition was reported as a contributory cause in a canvassed population group of white persons in Hagerstown, Md., December 1, 1921–March 31, 1924

Diseases and conditions causing illness (numbers in parentheses refer to those given in the International List of the Causes of Death, 1920)	Number of illnesses in which specified disease was the sole or primary cause			Number of illnesses in which specified disease was a contributory cause	
	Both sexes	Male	Female	Male	Female
Years of life exposed.....	16, 517	8, 001	8, 516	.....	.....
All diseases.....	17, 847	7, 541	10, 306	216	444
Total respiratory (excluding operations) (11, 31, 97–107, 109).....	10, 844	4, 746	6, 098	55	77
Influenza and grippe (11).....	2, 366	1, 009	1, 357	5	11
Pneumonia (all forms) (100, 101).....	111	57	54	18	15
Pleurisy (102).....	33	13	20	3	2
Diseases of pharynx (109).....	1, 065	467	618	2	14
Tonsillitis.....	470	193	277	1	6
Sore throat.....	512	223	289	1	2
Quinsy.....	50	28	22	.....	4
Other diseases of pharynx.....	53	23	30	.....	2
Diseases of larynx (98).....	188	80	108	.....	.....
Laryngitis.....	95	25	70	.....	.....
Croup.....	88	54	34	.....	.....
Other diseases of the larynx.....	5	1	4	.....	.....
Hay fever and asthma (105, part of 107).....	95	33	62	2	3
Tuberculosis, pulmonary (31).....	52	16	36	.....	3
Other diseases of respiratory system (including head colds, chest, and bronchial conditions) (97, 99, 103, 107).....	6, 914	3, 071	3, 843	25	29
Tonsillectomy, adenoidectomy, or both.....	150	63	87	.....	.....
Other operations on throat and nasal fossae.....	8	6	2	.....	.....
Epidemic, endemic, and infectious diseases (1–42, except 11 and 31).....	1, 448	731	717	9	8
Typhoid (1).....	19	6	13	.....	.....
Measles (7).....	565	277	288	2	1
Scarlet fever (8).....	34	18	16	.....	.....
Whooping cough (9).....	374	204	170	.....	.....
Diphtheria (10).....	45	21	24	.....	.....
Chicken pox (25a).....	229	138	91	1	2
German measles (25b).....	18	7	11	.....	.....
Tuberculosis, nonpulmonary (32–37).....	14	5	9	.....	.....
Venereal diseases (38–40).....	27	6	21	.....	5
Vaccinia (part of 42).....	38	18	20	.....	.....
Other diseases in this group (2–6, 12–24, 26–30, 41, and part of 42).....	85	31	54	6	.....
General diseases (43–69).....	359	113	246	6	16
Cancer (43–49).....	22	3	19	.....	.....
Rheumatism, acute and chronic (51, 52).....	275	89	186	3	12
Diabetes (57).....	15	2	13	1	.....
Exophthalmic goiter (60a).....	9	1	8	.....	.....
Other general diseases (50, 53–56, 58, 59, 60b, 61–69).....	38	18	20	2	4
Diseases of the nervous system (70–84, part of 205).....	728	168	560	18	56
Cerebral hemorrhage and apoplexy (74).....	11	2	9	3	1
Paralysis (75).....	25	9	16	.....	2
Epilepsy (78).....	10	8	2	1	.....
Chorea (81).....	20	4	16	.....	.....
Neuralgia (part of 82).....	101	20	81	5	15
Neuritis and sciatica (part of 82).....	87	19	68	2	6
Headache (part of 82 and 205).....	249	64	185	.....	2
Neurasthenia (part of 84).....	181	23	158	6	29
Other nervous diseases (71–73, 76, 77, 79–80, 83, part of 82, 84).....	44	19	25	1	1
Diseases of the eyes and annexa (85).....	123	71	52	2	14
Diseases of ears and mastoid process (86).....	180	81	99	25	43
Otitis media.....	117	57	60	19	30
Mastoiditis.....	10	7	3	.....	1
Other and unqualified diseases of the ear.....	53	17	36	6	12
Diseases of circulatory system (87–96).....	303	113	190	34	60
Diseases of the heart (87–90).....	166	51	115	17	39
Arteriosclerosis (part of 91).....	20	11	9	6	6
Hemorrhoids (part of 93).....	18	9	9	.....	.....
High blood pressure (part of 96).....	19	4	15	3	8
Adenitis (part of 94).....	44	21	23	7	6
Other diseases of circulatory system (91, 95, part of 91, 93, 94, and 96).....	36	17	19	1	1

* Includes simple goiter only when it caused some illness in the period.

TABLE 1.—*Number of illnesses in which specified diseases or conditions were the sole or primary cause and the number in which each disease or condition was reported as a contributory cause in a canvassed population group of white persons in Hagerstown, Md., December 1, 1921–March 31, 1924—Continued*

Diseases and conditions causing illness (numbers in parentheses refer to those given in the International List of the Causes of Death, 1920)	Number of illnesses in which specified disease was the sole or primary cause			Number of illnesses in which specified disease was a contributory cause	
	Both sexes	Male	Female	Male	Female
Years of life exposed	16, 517	8, 001	8, 516	.....	.....
Diseases and disorders of the digestive system (110–127, part of 108 and 205)	1, 594	645	949	24	67
Ulcers of stomach and duodenum (111).....	11	10	1	.....	1
Indigestion and upset stomach (112).....	716	313	403	8	15
Biliousness (part of 205).....	156	54	102	4	12
Stomach trouble, unqualified (112).....	125	56	69	3	9
Diarrhea – 2 years (113).....	75	36	39	2	2
Diarrhea + 2 years (114).....	136	58	78	.....	4
Appendicitis (117).....	85	26	59	.....	14
Hernia (118a).....	27	18	9	.....	.....
Intestinal disorders, including constipation (118b, 119).....	37	13	24	2	.....
Biliary calculi (123).....	69	11	58	.....	3
Cholecystitis (part of 124).....	30	3	27	.....	2
Jaundice (part of 124).....	45	18	27	.....	.....
Other diseases of liver (part of 124).....	28	7	21	2	1
Other diseases of digestive system (110, 116, 126, and 108, excluding teeth and gums).....	54	22	32	3	4
Diseases of teeth and gums (part of 108).....	124	47	77	3	9
Diseases of kidney and annexa (128–134)	182	57	125	20	35
Acute nephritis (128).....	9	3	6	3	2
Chronic nephritis (129).....	43	16	27	9	17
Other and unqualified kidney trouble (131).....	73	17	56	7	11
Cystitis and bladder trouble (unqualified) (133).....	41	14	27	1	5
Other diseases in this group (132, 134).....	16	7	9	.....	.....
Nonvenereal diseases of genito-urinary system (135–142)	183	9	174	3	29
Diseases of male organs (135–136).....	9	9	.....	3	.....
Diseases of female genital organs (137–139, part of 141, 142).....	90	.....	90	.....	11
Menstruation (part of 141).....	48	.....	48	.....	4
Menopause (part of 141).....	27	.....	27	.....	14
Puerperal state (143–150)	395	.....	395	.....	7
Abortion and stillbirth (part of 143).....	33	.....	33	.....	.....
Confinements.....	324	.....	324	.....	.....
Other puerperal conditions (143–150).....	38	.....	38	.....	7
Diseases of skin and cellular tissue (151–154, part of 205)¹	291	165	126	14	16
Furuncle (152).....	71	54	17	2	4
Abscess (153).....	27	11	16	1	3
Impetigo contagiosa (part of 154).....	24	12	12	1	.....
Scabies and itch (part of 154).....	23	15	8	1	.....
Other and unqualified skin conditions (part of 154 and 205) ¹	146	73	73	9	9
Disease of bone and organs of locomotion (155–158, part of 205)	111	44	67	2	3
Lumbago, myalgia, and myositis (158).....	49	26	23	2	1
Backache (part of 205).....	37	7	30	.....	1
Other diseases of bone or organs of locomotion (155, 156, part of 158).....	25	11	14	.....	1
Congenital malformations and infancy (159–163)	19	5	14	.....	.....
Senility (164)	14	6	8	.....	.....
External causes (165–208)	653	397	256	1	2
All poisonings (175, 176, 177).....	46	28	18	.....	.....
Burns (178–179).....	35	19	16	.....	.....
Fractures, wounds, injuries (ind.) (183–188, 201, 202).....	116	113	3	1	.....
Fractures, wounds, injuries (nonind.) (183–188, 201, 202).....	373	177	196	.....	2
Fractures, wounds, injuries (not stated) (183–188, 201, 202).....	51	43	8	.....	.....
Other external causes (165–174, 181–182, 189, 190–196).....	32	17	15	.....	.....
Ill-defined and unknown	163	74	94	.....	2

¹ Includes rash, hives, and sores on body.

From the point of view of the frequency of illness from various causes, the rate per 1,000 persons is a much more comprehensible term, although as a single expression it can not afford the detail given in Table 1. In Table 2, therefore, is shown the annual illness

rate based upon our 28 months' experience. It should be observed that this rate is computed in all instances by dividing the number of cases recorded by the "years of exposure."

TABLE 2.—Morbidity from groups of causes and from certain specified diseases in canvassed population group of white persons of Hagerstown, Md., December 1, 1921–March 31, 1924

Diseases and conditions causing illness (numbers in parentheses refer to those given in the International List of Causes of Death, 1920)	Annual rate per 1,000 persons observed		
	Both sexes	Male	Female
All causes.....	1,080.5	942.5	1,210.2
Total respiratory (excluding operations) (11, 97–107, 109, 31).....	656.5	593.2	716.1
Influenza and gripe (11).....	143.2	126.1	159.3
Pneumonia (all forms) (100, 101).....	6.7	7.1	6.3
Pleurisy (102).....	2.0	1.6	2.3
Diseases of pharynx (109).....	65.7	58.4	72.6
Tonsillitis.....	28.5	24.1	32.5
Sore throat.....	31.0	27.9	33.9
Quinsy.....	3.0	3.5	2.6
Other diseases of pharynx.....	3.2	2.9	3.5
Diseases of larynx (98).....	11.4	10.0	12.7
Laryngitis.....	5.8	3.1	8.2
Croup.....	5.3	6.7	4.0
Other diseases of larynx.....	.3	.1	.5
Hay fever and asthma (105, part of 107).....	5.8	4.1	7.3
Tuberculosis, pulmonary (31).....	3.1	2.0	4.2
Other diseases of respiratory system (including head colds, chest and bronchial conditions) (97, 99, 103, 107).....	418.6	383.8	451.3
Tonsillectomy, adenoidectomy, or both.....	7.3	7.9	6.7
Other operations on throat and nasal fossae.....	.5	.7	.2
Epidemic, endemic, and infectious diseases (1–42, except 11 and 31).....	87.7	91.4	84.2
Typhoid (1).....	1.2	.7	1.5
Measles (7).....	34.2	34.6	33.8
Scarlet fever (8).....	2.1	2.2	1.9
Whooping cough (9).....	22.6	25.5	20.0
Diphtheria (10).....	2.7	2.6	2.8
Chicken pox (25a).....	13.9	17.2	10.7
German measles (25b).....	1.1	.9	1.3
Tuberculosis, nonpulmonary (32–37).....	.8	.6	1.1
Venereal diseases (38, 40).....	1.6	.7	2.5
Vaccinia (part of 42).....	2.3	2.2	2.3
Other diseases in this group (2–6, 12–24, 26–30, and part of 42).....	5.1	3.9	6.3
General diseases (43–69).....	21.7	14.1	28.9
Cancer, all forms (43–49).....	1.3	.4	2.2
Rheumatism, acute and chronic (51, 52).....	16.6	11.1	21.8
Diabetes (57).....	.9	.2	1.5
Exophthalmic goiter (60a).....	.5	.1	.9
Other general diseases (50, 53–56, 58, 59, 60b, ¹ 61–65, 67–69).....	2.3	2.2	2.3
Diseases of the nervous system (70–84, part of 205).....	44.1	21.0	65.8
Cerebral hemorrhage and apoplexy (74).....	.7	.2	1.1
Paralysis (75).....	1.5	1.1	1.9
Epilepsy (78).....	.6	1.0	.2
Chorea (81).....	1.2	.5	1.9
Neuralgia (part of 82).....	6.1	2.5	9.5
Neuritis and sciatica (part of 82).....	5.3	2.4	8.0
Headache (part of 82, part of 205).....	15.1	8.0	21.7
Neurasthenia (part of 84).....	11.0	2.9	18.6
Other nervous diseases (71–73, 76–77, 79, 80, 83, part of 82, part of 84).....	2.7	2.4	2.9
Diseases of eye and annexa (85).....	7.4	8.9	6.1
Diseases of ear and mastoid process (86).....	10.9	10.1	11.6
Otitis media.....	7.1	7.1	7.0
Mastoiditis.....	.6	.9	.4
Other and unqualified diseases of the ear.....	3.2	2.1	4.2
Diseases of circulatory system (87–96).....	18.3	14.1	22.3
Diseases of the heart (87–90).....	10.1	6.4	13.5
Arteriosclerosis (part of 91).....	1.2	1.4	1.1
Hemorrhoids (part of 93).....	1.1	1.1	1.1
Aneurysm (part of 94).....	2.7	2.6	2.7
High blood pressure (part of 96).....	1.2	.5	1.8
Other diseases of the circulatory system (92, 95, part of 91, 93, 94, and 96).....	2.2	2.1	2.2

¹ Includes simple goiter only when it caused some illness in the period.

TABLE 2.—Morbidity from groups of causes and from certain specified diseases in canvassed population group of white persons of Hagerstown, Md., December 1, 1921–March 31, 1924—Continued

Diseases and conditions causing illness (numbers in parentheses refer to those given in the International List of Causes of Death, 1920)	Annual rate per 1,000 persons observed		
	Both sexes	Male	Female
Diseases and disorders of the digestive system (110–127, part of 108 and 205).....	96.5	80.6	111.4
Ulcers of stomach and duodenum (111).....	.7	1.2	.1
Indigestion and upset stomach (part of 112).....	43.3	39.1	47.3
Biliousness (part of 205).....	9.4	6.7	12.0
Stomach trouble, unqualified (part of 112).....	7.6	7.0	8.1
Diarrhea –2 years (113).....	4.5	4.5	4.6
Diarrhea +2 years (114).....	8.2	7.2	9.2
Appendicitis (117).....	5.1	3.2	6.9
Hernia (118a).....	1.6	2.2	1.1
Intestinal disorders, including constipation (118b, 119).....	2.2	1.6	2.8
Biliary calculi (123).....	4.2	1.4	6.8
Cholecystitis (part of 124).....	1.8	.4	3.2
Jaundice (part of 124).....	2.7	2.2	3.2
Other and unqualified diseases of liver (part of 124).....	1.7	.9	2.5
Other diseases of digestive system (110, 116, 126, 108 excluding teeth and gums).....	3.3	2.7	3.8
Diseases of teeth and gums (part of 108).....	7.5	5.9	9.0
Diseases of kidney and annexa (128–134).....	11.0	7.1	14.7
Acute nephritis (128).....	.5	.4	.7
Chronic nephritis (129).....	2.6	2.0	3.2
Other and unqualified diseases of the kidney (131).....	4.4	2.1	6.6
Cystitis and bladder trouble, unqualified (133).....	2.5	1.7	3.2
Other diseases in this group (132, 134).....	1.0	.9	1.1
Nonvenereal genito-urinary system (135–142).....	11.1	1.1	20.4
Diseases of male organs (135–136).....	.5	1.1	.....
Diseases of female genital organs (137–142).....	6.0	.....	11.6
Menstruation (part of 141).....	2.9	.....	5.6
Menopause (part of 141).....	1.6	.....	3.2
Puerperal state (143–150).....	23.9	.....	46.4
Abortion and stillbirth (part of 143).....	2.0	.....	3.9
Confinements.....	19.6	.....	38.0
Other puerperal conditions (143–150).....	2.3	.....	4.5
Diseases of skin and cellular tissue (part of 205, ¹ 151–154).....	17.6	20.6	14.8
Furuncle (152).....	4.3	6.7	2.0
Abscess (153).....	1.6	1.4	1.6
Impetigo contagiosa (part of 154).....	1.5	1.5	1.4
Scabies and itch (part of 154).....	1.4	1.9	.9
Other and unqualified skin conditions (part of 154 and 205) ²	8.8	9.1	8.6
Diseases of bones and organs of locomotion (155–158, part of 205).....	6.7	5.5	7.9
Lumbago, myalgia, myositis (part of 158).....	3.0	3.2	2.7
Backache (part of 205).....	2.2	.9	3.5
Other diseases of bones or locomotion (155, 156, part of 158).....	1.5	1.4	1.6
Congenital malformations and infancy (159–163).....	1.2	.6	1.6
Senility (164).....	.8	.7	.9
External causes (165–203).....	39.5	49.6	30.1
All poisonings (175, 176, 177).....	2.8	3.5	2.1
Burns (178–179).....	2.1	2.4	1.9
Fractures, wounds, injuries (Ind.) (183–188, 201, 202).....	7.0	14.1	.4
Fractures, wounds, injuries (nonind.) (183–188, 201, 202).....	22.6	22.1	23.0
Fractures, wounds, injuries (not stated) (183–188, 201, 202).....	3.1	5.4	.9
Other external causes (165–174, 181–182, 189, 190–196).....	1.9	2.1	1.8
Ill-defined and unknown.....	10.2	9.2	11.0
Years of life exposed.....	16,517	8,001	8,516

¹ Includes rash, hives, and sores on body.

An illness rate of slightly more than one illness per person per year is indicated. This rate was somewhat higher than it would have been for two "normal" calendar years, for the reasons that the period of observation included nearly three winter seasons and only two summers and that in 1923 an outbreak of influenza occurred. At the same time it is far below what a record of *all* respiratory attacks

alone would show,⁷ and very properly so, because the Hagerstown study was, as has been stated, a record of illnesses rather than of attacks that did not result in illness. The Hagerstown rate is about ten times the rate for illnesses causing absences from work among industrial workers (chiefly adult males)⁸ for eight days or longer. The Hagerstown rate for males of all ages is more than twice the 1924 rate for illnesses causing absences of *two* days or longer among adult males employed in a group of establishments, while the Hagerstown rate for females of all ages is about 20 per cent higher than that for adult females employed in these establishments.⁹ When the higher illness rate among children, old persons as well as other persons not employed, who are included in the Hagerstown study, are taken into account, it would appear that the Hagerstown rate compares very favorably from the point of view of completeness with the records of illness incapacitating for two days or longer. A more exact comparison, however, will be made in a later report when the records for persons of different ages are presented and discussed.¹⁰

The general picture of illness afforded by Table 2 is shown in graphic form in Figure 1. The relative importance from the point of incidence—not severity as measured by duration, incapacitation, fatality, or by other means—of the principal diseases and groups of diseases is indicated in such a way as to need no detailed comment, but a few general observations may be offered.

Doubtless it will be somewhat surprising that such diseases as tuberculosis, cancer, diseases of the heart, kidneys, etc., upon which so much emphasis is placed in public-health work, occupy such a low position in the list of diseases which cause illness. Upon this indication two comments suggest themselves: (1) That as *causes of illness* in a *general* population group, a group that has not been considered heretofore to the same extent as special groups of persons, these diseases are actually far less frequent than the ailments which most of us, who are not suffering from serious ill health, experience; (2) that the measure of the frequency of these diseases was, in this study, the extent to which they *manifested* themselves in illness; that is, our study was not an intensive physical examination nor an exhaustive survey of ill health. This observation is further supported

⁷ Unpublished records of respiratory attacks among members of families of medical officers of the Army, Navy, and Public Health Service showed a rate of about 2,000 attacks per 1,000 persons. The rate among college students as reported by themselves for a six months' period was even higher, but it included many cases which ordinarily would not be noticed.

⁸ Frequency of Disabling Illnesses Among Industrial Employees. Pub. Health Rep., Jan. 22, 1926, 41, 113-131. (Reprint No. 1060.)

⁹ From unpublished data in the Offices of Statistical Investigations and Industrial Hygiene, United States Public Health Service, upon which a report will be presented shortly.

¹⁰ In Tables 1 and 2, under the heading of illnesses due to respiratory attacks, a large number (6,914 cases) are grouped under the subtitle "other diseases of respiratory system (including head colds, chest, and bronchial conditions)." During the second half of the period an effort was made to obtain more definite statements as to the nature of these attacks, the results of which will be presented in a later publication dealing with morbidity from respiratory diseases.

by the evidence, which will be elaborated in a later paper, afforded by records of medical attendance which showed, for example, that all or practically all cases of tuberculosis, high-blood pressure, nephritis, cancer, etc., recorded were those which were attended by physicians during the period of observation.

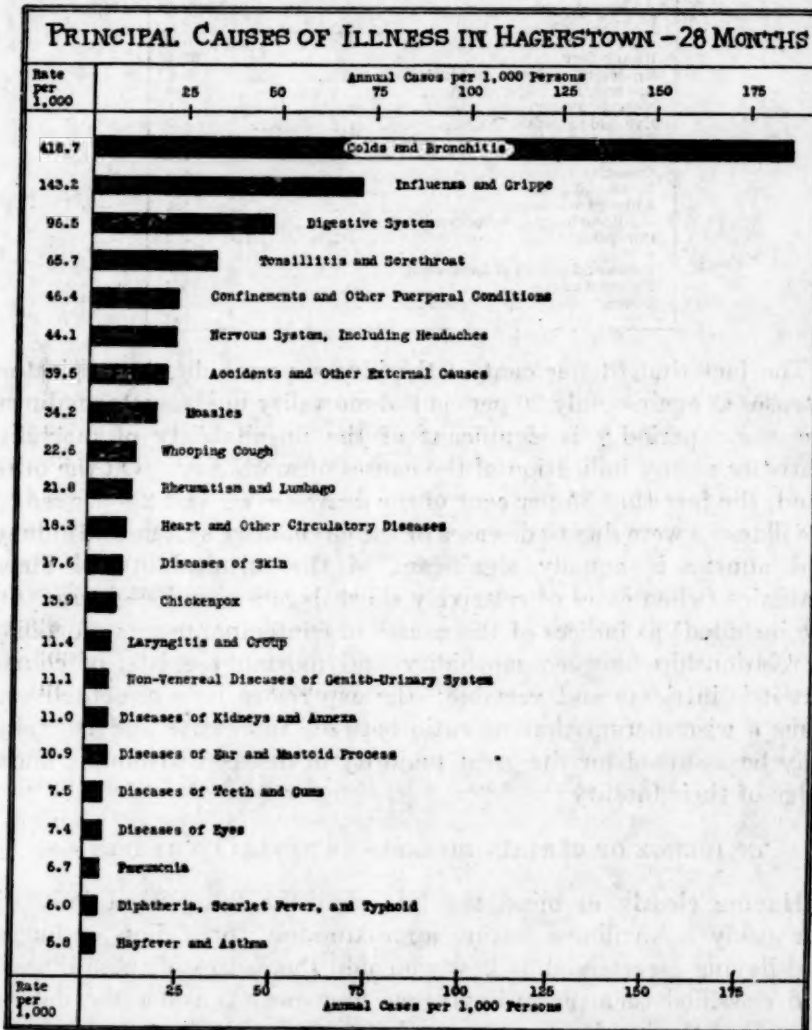


FIG. 1

On the other hand, the general outline of the causes of illness in a fairly representative population afforded by Tables 1 and 2 seems to us to be extremely illuminating. It is shown that the causes of illness present an aspect quite different from that presented by the causes of mortality as we now record and classify mortality. Of

the total illnesses observed, we find the proportionate distribution according to broad groups of causes as follows:

Percentage distribution of illnesses in each broad disease group

General disease groups	Per cent of total illnesses
Respiratory.....	61.4
Epidemic, endemic, and infectious.....	8.1
General.....	2.0
Nervous system.....	4.1
Eye and annexa.....	.7
Ear and mastoid process.....	1.0
Heart and circulatory system.....	1.8
Digestive.....	8.9
Teeth and gums.....	.7
Kidneys and annexa.....	1.0
Genito-urinary (nonvenereal).....	1.0
Puerperal.....	2.2
Skin.....	1.6
Bones and organs of locomotion.....	.6
External causes.....	3.7
Other.....	1.1

The fact that 61 per cent of the illnesses were due to respiratory diseases as against only 20 per cent of mortality in Hagerstown during the same period¹¹ is significant of the unsuitability of mortality statistics as any indication of the causes of morbidity. On the other hand, the fact that 35 per cent of the deaths as against 2.8 per cent of the illnesses were due to diseases of the circulatory system and kidneys and annexa is equally significant of the unsuitability of illness statistics (when cases of relatively short duration and slight severity are included) as indices of the causes of contemporaneous mortality. A relationship between morbidity and mortality exists, of course, but it is intricate and variable; the experience here presented confirms a wise dictum that no ratio between morbidity and mortality may be assumed for the great majority of diseases without a knowledge of their fatality.

INCIDENCE OF CERTAIN DISEASES AS REVEALED BY ILLNESS

Having clearly in mind the fact that the "statistical unit" in our study is an illness lasting approximately three days or longer, and having ascertained as best we could the causes of these illnesses and classified them accordingly, we may next consider the data as records of the incidence and prevalence of specific diseases.

It is obvious that the value of the observations in affording evidence on these important points must vary according to diseases in

¹¹ Incidence of illness in a General Population Group. Pub. Health Rep., Feb. 13, 1926, 40, 279-291. (Reprint No. 989.)

proportion to the extent to which an attack of a disease results in illness of that degree of severity which was recorded. Thus, many attacks of "colds" certainly were not recorded because only those resulting in "illnesses," according to the definition of the term, were observed. On the contrary, it is quite certain that a very much larger proportion of the cases of whooping cough were noticed. This suggests a point of refinement, however, that morbidity statistics are far from having attained, but which is well to keep in mind if one wishes to put data of the sort we are dealing with to uses involving rather fine shades of interpretation. It is reasonable to say, we believe, that the Hagerstown study affords a fairly complete indication of the incidence of most diseases occurring among a general population group the attacks or effects of which were severe enough to produce the condition of sickness.

With these limitations before us, two tables are presented for consideration.

One (Table 3) shows the *annual* incidence rates for a number of acute diseases and diseases which manifested themselves in a more or less acute form, either as primary or as contributory causes of illness. It will be observed at once that some of the diseases are rather poorly defined, since they are grouped under general titles. This means that, while the information secured was sufficiently accurate to permit of a general classification as to their nature, it was not specific enough to warrant a very definite designation as to the exact disease or condition involved. For the great majority of diseases included in Table 3, however, we feel that the specific classifications employed are justified by the information secured.

The rates in Table 3 require no particular comment. They are of unusual interest, it is believed, because they represent a rather extended and intensive series of observations upon a fairly typical population. For some diseases the rates will possess somewhat permanent value as a basis for comparison with other morbidity studies of a similar kind; for others, such as measles or whooping cough, the rates are characteristic only of the particular period in which they occurred.

TABLE 3.—Incidence of acute attacks of certain diseases resulting in illness during a 28 months' period in a general population group in Hagerstown, Md.

Diseases and conditions causing illness (numbers in parentheses refer to those given in the International List of Causes of Death, 1920)	Number of cases			Rate per 1,000 years of exposure		
	Both sexes	Males	Females	Both sexes	Males	Females
Acute respiratory:						
Influenza and grippe (11).....	2,382	1,014	1,368	144.21	128.73	160.64
Pneumonia, all forms (100-101).....	144	75	69	8.72	9.37	8.10
Flourish (102).....	38	16	22	2.30	2.00	2.56
Diseases of pharynx (109).....	1,089	466	623	65.93	58.24	73.16
Tonsillitis.....	476	194	282	28.82	24.25	33.11
Sore throat.....	514	223	291	31.12	27.87	34.17
Quinsy.....	55	29	26	3.33	3.62	3.05
Other diseases of pharynx.....	44	20	24	2.66	2.60	2.82
Diseases of larynx (98).....	187	80	107	11.32	10.00	12.56
Laryngitis.....	94	25	69	5.69	3.12	8.10
Croup.....	88	54	34	5.33	6.75	3.99
Other diseases of larynx.....	5	1	4	.30	.12	.47
Colds and other respiratory diseases (including chest and bronchial conditions).....	6,993	3,087	3,906	419.74	385.82	451.62
Epidemic, endemic, and infectious diseases:						
Typhoid fever (1).....	19	6	13	1.15	.75	1.53
Measles (7).....	508	279	229	34.39	34.87	33.94
Scarlet fever (8).....	34	18	16	2.06	2.25	1.88
Whooping cough (9).....	374	204	170	22.64	25.50	19.96
Diphtheria (10).....	45	21	24	2.72	2.62	2.82
Mumps (13).....	9	3	6	.54	.37	.70
Chicken pox (25a).....	232	139	93	14.05	17.37	10.92
German measles (25b).....	18	7	11	1.09	.87	1.29
Cholera nostras (15).....	36	9	27	2.18	1.12	3.17
Dysentery (16).....	10	4	6	.61	.60	.70
Diseases of nervous system (acute):						
Cerebral hemorrhage and apoplexy (74).....	15	5	10	.91	.62	1.17
Convulsions and cramps (79, 80).....	13	11	2	.79	1.37	.23
Hysteria (part of 82).....	7	1	6	.42	.12	.70
Diseases of the digestive system:						
Stomach trouble, indigestion, "biliousness," etc. (112).....	955	398	557	57.82	49.74	65.41
Diarrhea - 2 years (113).....	79	38	41	4.78	4.75	4.81
Diarrhea + 2 years (114).....	123	50	73	7.45	6.25	8.57
Acute intestinal conditions (119).....	25	12	13	1.51	1.50	1.53
Jaundice (part of 124).....	45	18	27	2.72	2.25	3.17
Diseases of teeth and gums (part of 108).....	136	50	86	8.23	6.25	10.10
Eye conditions:						
Conjunctivitis and other acute eye trouble (85).....	125	67	58	7.58	8.37	6.81
Ear conditions:						
Otitis media (part of 86).....	166	76	90	10.05	9.50	10.57
Earsache and other unqualified ear trouble (part of 86).....	71	23	48	4.30	2.88	5.64
Adenitis (part of 94).....	57	28	29	3.45	3.50	3.41
Diseases of skin and cellular tissue:						
Furuncle (152).....	77	56	21	4.66	7.00	2.47
Abscess (153).....	31	12	19	1.88	1.50	2.23
Impetigo contagiosa (part of 154).....	25	13	12	1.51	1.62	1.41
Scabies and itch (part of 154).....	24	16	8	1.45	2.00	.94
Sores (part of 205).....	67	36	31	4.06	4.50	3.64
Hives and rash (part of 205).....	48	21	27	2.91	2.62	3.17
Other and unqualified skin conditions (part of 154).....	49	25	24	2.97	3.12	2.82

In Table 4 an entirely different phase of morbidity is presented. This table represents an attempt to answer the question, How many persons were affected by certain diseases and conditions of a more or less continuing or chronic nature? Here, again it must be kept in mind that only those chronic conditions were revealed which manifested themselves in illness or definitely morbid effects as a result of the disease or condition during the period of observation. It is evident, of course, that observations such as these can not yield the same kind of results as a physical examination of each individual. Latent or incipient diseases and conditions that did *not* manifest themselves in morbid effects obviously do not appear in the rates

shown in Table 4. It is believed, however, that nearly all of the more serious of these diseases and conditions are portrayed. While the cases recorded of venereal diseases, for example, are probably too low—although we have no comparable data to judge by—the rate for active cases of tuberculosis, to cite another instance, is just about what we would expect in a population and under conditions of the kind observed. The facts that two-thirds of the persons were under observation for at least two years and that nine-tenths of them were observed for at least one year by a competent field assistant who took advantage of the opportunity to become fairly well acquainted with every family, should also be considered in appraising the completeness of the information collected and the accuracy of the rates in this table. In fact, we are inclined to place slightly more dependence upon the data shown in Table 4 than upon the records of not serious attacks of some of the more acute diseases shown in Table 3.

TABLE 4.—*Prevalence of certain chronic conditions resulting in illnesses during a 28 month's period in a general population group in Hagerstown, Md.*

Diseases or conditions (numbers in parentheses refer to those given in the International List of Causes of Death, 1920)	Number of persons reporting specified conditions			Rate per 1,000 individuals observed		
	Both sexes	Males	Females	Both sexes	Males	Females
Tuberculosis, pulmonary (31).....	49	15	34	5.71	3.00	7.60
Tuberculosis, nonpulmonary (33-36).....	11	4	7	1.28	.96	1.58
Venereal diseases (38-40).....	31	6	25	3.61	1.44	5.65
Cancer (43-49).....	20	3	17	2.33	.72	3.85
Tumors, benign (50).....	7	2	5	.82	.48	1.13
Rheumatism (51-52).....	246	84	162	28.65	20.16	36.64
Lumbago, myalgia, myositis (part of 158).....	46	23	23	5.36	5.52	5.20
Rickets (56).....	4	3	1	.47	.72	.23
Diabetes (57).....	12	2	10	1.40	.48	2.26
Anemia (58).....	13	1	12	1.51	.24	2.71
Goitre, exophthalmic (60a).....	9	1	8	1.05	.24	1.81
Paralysis (75).....	27	9	18	3.14	2.16	4.07
Epilepsy (78).....	8	6	2	.93	1.44	.45
Chorea (81).....	16	4	12	1.86	.96	2.71
Neuralgia (part of 82).....	113	25	88	13.16	6.00	19.91
Neuritis and sciatica (part of 82).....	74	16	58	8.62	3.84	13.12
Neurasthenia and nervous exhaustion (part of 84).....	192	28	164	22.36	6.72	37.10
Diseases of eye (chronic) (85).....	14	6	8	1.63	1.44	1.81
Diseases of the heart (87-90).....	182	57	125	21.19	13.68	28.27
Arteriosclerosis (part of 91).....	29	16	13	3.38	3.84	2.94
Hemorrhoids (part of 93).....	18	9	9	2.10	2.16	2.04
Varicose veins and phlebitis (part of 93).....	9	3	6	1.05	.72	1.36
High blood pressure (part of 96).....	22	7	15	2.56	1.68	3.39
Asthma and hay fever (105, part of 107).....	61	27	34	7.10	6.48	7.69
Ulcers of stomach and duodenum (111).....	8	6	2	.93	1.44	.45
Chronic indigestion, constipation, and other stomach or intestinal conditions (112, 114, 119).....	85	29	56	9.90	6.96	12.67
Intestinal parasites (116).....	23	14	9	2.68	3.36	2.04
Appendicitis (117).....	85	25	60	9.90	6.00	13.57
Hernia (118).....	21	14	7	2.45	3.36	1.58
Biliary calculi and calculi of the urinary passages (123, 132).....	57	14	43	6.64	3.36	9.73
Cholecystitis (part of 124).....	24	3	21	2.79	.72	4.75
Unqualified and other liver conditions (part of 124).....	28	9	19	3.26	2.16	4.30
Nephritis (acute and chronic) (128, 129).....	60	25	35	6.99	6.00	7.92
Unqualified and other kidney conditions (131).....	84	23	61	9.78	5.52	13.80
Diseases of bladder (133).....	41	14	27	4.77	3.36	6.11
Diseases of male organs (135, 136).....	12	12	—	1.40	2.88	—
Chronic diseases of female genital organs (137-142).....	70	—	70	8.15	—	15.83
Menopause (part of 141).....	37	—	37	4.31	—	8.37
Congenital malformation (159-161).....	15	5	10	1.78	1.20	2.27
Number of persons.....	8,587	4,166	4,421	—	—	—

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PUBLIC HEALTH ENGINEERING ABSTRACTS

Compact Rapid Sand Filters of Washington. Philip O. MacQueen, United States assistant engineer, Washington, D. C., district. *Water Works Engineering*, vol. 79, No. 12, June 15, 1926, pp. 777-778 and 797-802. (Abstract by C. C. Ruchhoft.)

The rapid sand filtration plant of Washington, D. C., which will be completed in 1927, is described. The plant, with a capacity of 80,000,000 gallons per day, is located near the Dalecarlia 100,000,000 gallon raw-water reservoir. A 2,400 k. hydroelectric plant, using surplus water from the raw-water conduits, will furnish power for pumping the filtered water. A control chamber near the reservoir has channels for the raw, treated, settled, and filtered water and is arranged to permit very flexible operation. The chemicals are applied in the control chambers. Two mixing basins, 80 feet square and 18 feet deep and fitted with baffles of the around-the-end type, providing a total travel of 1,600 feet per basin, are arranged to be operated in series or parallel. There are two settling basins, each 333 feet long by 150 feet wide and from 12 to 17 feet deep. Each basin is provided with a light concrete baffle wall, which causes the water to flow the length of the basin and return to a point opposite the influent. With the basins in parallel at the rated capacity of the plant, the settling period will be three hours and the velocity 3 feet per minute. The filter building has 20 filters 54 by 31 feet and 15 feet deep, with 18 inches and 30 inches of gravel and sand, respectively. The strainer system will be the new open wooden slat type. The filtered water flows to a 15,000,000-gallon covered concrete reservoir, from where it is pumped to the high service reservoirs in the city. The plant is arranged so that the depth of water in the filtered-water reservoir regulates the rate of the filters. The

pumping station contains nine pumps of the horizontal volute type driven by synchronous-type motors.

Sterilization of Water. Ryukichi Joh. *Journal of the Public Health Association of Japan*, vol. 2, No. 4, April, 1926, pp. 4-6. (Abstract by E. C. Sullivan.)

The use of bleaching powder was first introduced in Kagawa Prefecture in 1912 as an experiment, and subsequently it was used extensively in 1919 throughout dysentery-stricken areas in the prefecture. Of the various methods for the chemical sterilization of drinking water practiced at present, chlorination is the best in every respect.

The complaints of people against the use of chlorine when bleaching powder has been thrown into wells, due to odors and turbidity caused by the production of carbonate of lime, can be avoided by the use of chlorine in the form of hypochlorous acid. An additional advantage is that hypochlorous acid is stronger than the same quantity of bleaching powder. It can be prepared any time, at any place, and in an easier way than bleaching powder.

Hypochlorous acid can be prepared by placing bleaching powder and washing soda in a jar in the proportion of 20 parts of water, 1 of bleaching powder, and 2 of sodium carbonate, and stirring well until the soda is dissolved and floating substances are deposited.

If the solution formed is left standing for some time, the carbonate of lime will be deposited. The cleared liquid is then decanted, which is an easier and simpler method than making bleaching powder into a milky liquid. While its use brings no apparent change to the well water, its germicidal power is much stronger than that of bleaching powder.

Sand Flies and Sand-Fly Fever in the Peshawar District. Lieut. Col. T. C. McCombie Young, Capt. A. E. Richmond, and Assistant Surgeon G. R. Brendish. *Indian Journal of Medical Research*, vol. 13, No. 4, April, 1926, pp. 961-1021. (Abstract by A. W. Fuchs.)

The investigations of the commission on sand-fly fever in the Peshawar District were largely concentrated on an endeavor to ascertain the breeding grounds of *P. papatasi*. Figures on hospital admissions indicated that immunity to sand-fly fever increases with length of residence. A dry season hastens the appearance of the sand fly as well as the seasonal peak of incidence of the disease. In 1923 and 1924 the number of British troops hospitalized on account of sand-fly fever rose to 11 per cent of the total monthly strength in June and continued at a high level through the two months of prevalence.

Some of the conclusions reached were the following: (1) Topography, sanitation in the vicinity of barracks, proximity of irrigation water and of bazaars appear to have little influence on sand-fly infestation of barracks; (2) on emerging from the pupa case in the earth cracks of the breeding grounds the female sand fly waits some hours till the chitin of the body hardens, takes shelter in a shaded earth crevice during daylight, feeds and is fertilized within 36 hours, remains in houses for 60 to 84 hours, and returns to the breeding grounds where eggs are laid within 108 hours; eggs hatch after a month or more; (3) *P. papatasi* breed close to habitations in slightly moist organic matter lying in hollows in broken ground and nullahs, near a crack or crevice; for experimental breeding an earthenware pot filled with such materials is suitable; (4) no confirmation could be obtained of Whittingham's observation as to *Leptospira* as the possible causative agent of sand-fly fever; (5) sand-fly fever is a distinct disease entity, not a modified form of dengue, although the manifestations vary to a very large extent; (6) for personal prophylaxis a citronella-camphor mixture applied to a net has a protective influence as a repellent. On account of the cost and the practical difficulties, fumigation of barracks rooms is not practicable.

DEATHS DURING WEEK ENDED SEPTEMBER 11, 1926

Summary of information received by telegraph from industrial insurance companies for week ended September 11, 1926, and corresponding week of 1925. (From the Weekly Health Index, September 15, 1926, issued by the Bureau of the Census, Department of Commerce)

	Week ended Sept. 11, 1926	Corresponding week, 1925
Policies in force.....	63, 960, 000	60, 986, 892
Number of death claims.....	9, 963	8, 782
Death claims per 1,000 policies in force, annual rate..	8. 1	7. 5

Deaths from all causes in certain large cities of the United States during the week ended September 11, 1926, infant mortality, annual death rate, and comparison with corresponding week of 1925. (From the Weekly Health Index, September 15, 1926, issued by the Bureau of the Census, Department of Commerce)

City	Week ended Sept. 11, 1926		Annual death rate per 1,000 corresponding week, 1925	Deaths under 1 year		Infant mortality rate, week ended Sept. 11, 1926 ¹
	Total deaths	Death rate ¹		Week ended Sept. 11, 1926	Corresponding week, 1925	
Total (66 cities).....	5,700	10.3	11.1	765	624	62
Akron.....	43			11	7	117
Albany.....	35	15.3	13.7	2	3	42
Atlanta.....	74			13	10	
White.....	36			8		
Colored.....	38	(²)		5		
Baltimore.....	189	12.2	11.3	24	26	70
White.....	143			17		61
Colored.....	46	(²)		7		114
Birmingham.....	59	14.6	13.9	4	9	
White.....	28			3		
Colored.....	31	(²)		1		
Boston.....	163	10.8	11.3	30	36	85
Bridgeport.....	27			2	3	34
Buffalo.....	124	11.9	11.8	24	18	100
Cambridge.....	13	5.6	7.0	1	1	17
Camden.....	30	11.9	11.8	7	3	118
Canton.....	16	7.6	10.3	6	4	133
Chicago.....	508	8.7	9.5	85	84	75
Cincinnati.....	117	14.8	18.1	29	22	181
Cleveland.....	144	7.8	10.3	23	29	69
Columbus.....	63	11.5	14.7	9	10	83
Dallas.....	43	11.2	14.3	7	3	
White.....	31			4		
Colored.....	12	(²)		3		
Dayton.....	46	13.6	10.6	6	1	94
Denver.....	70	12.8	13.4	6	12	
Des Moines.....	22	7.9	12.5	4	1	67
Detroit.....	263	10.6	10.4	43	71	69
Duluth.....	13	6.0	7.1	3	7	70
El Paso.....	27	12.9	14.9	2	1	
Erie.....	15			2	3	38
Fall River.....	35	13.9	8.1	2	3	29
Flint.....	18	6.9	6.8	5	6	83
Fort Worth.....	32	10.5	12.0	3	4	
White.....	24			3		
Colored.....	8	(²)		2		
Grand Rapids.....	26	8.7	7.5	4	2	58
Houston.....	60			7	4	
White.....	40			6		
Colored.....	20	(²)		1		
Indianapolis.....	56	8.0	13.8	6	12	44
White.....	45			4		34
Colored.....	11	(²)		2		110
Jersey City.....	45	7.4	8.6	9	9	64
Kansas City, Kans.....	23	10.3	12.1	2	4	35
White.....	12			2		42
Colored.....	11	(²)		0		0
Kansas City, Mo.....	65	9.0	12.3	8	13	
Los Angeles.....	186			11	19	31
Louisville.....	76	12.7	13.5	6	14	52
White.....	53			4		40
Colored.....	23	(²)		2		125
Lowell.....	21			5	2	93
Lynn.....	19	9.5	9.6	1	2	26
Memphis.....	62	18.3	20.9	6	12	
White.....	32			3		
Colored.....	30	(²)		3		
Milwaukee.....	103	10.4	8.8	15	19	69
Minneapolis.....	59	7.1	8.8	3	9	17
Nashville.....	46	17.5	13.4	9	8	
White.....	34			9		
Colored.....	12	(²)		0		
New Bedford.....	22			2	5	35
New Haven.....	25	7.2	8.7	1	3	14

(See footnotes at end of table).

Deaths from all causes in certain large cities of the United States during the week ended September 11, 1926, infant mortality, annual death rate, and comparison with corresponding week of 1925—Continued

City	Week ended Sept. 11, 1926		Annual death rate per 1,000 corresponding week, 1925	Deaths under 1 year		Infant mortality rate, week ended Sept. 11, 1926 ¹
	Total deaths	Death rate ²		Week ended Sept. 11, 1926	Corresponding week, 1925	
New Orleans.....	128	15.9	18.5	15	27	-----
White.....	71			7		
Colored.....	57	(³)		8		
New York.....	1,143	10.1	9.7	146	136	59
Bronx Borough.....	147	8.5	8.1	11	10	36
Brooklyn Borough.....	392	9.1	8.5	71	52	72
Manhattan Borough.....	481	13.4	12.5	56	54	62
Queens Borough.....	80	5.5	6.6	7	19	32
Richmond Borough.....	43	5.7	13.2	1	1	18
Newark, N. J.....	68	7.7	11.2	7	20	33
Norfolk.....	31	9.3	8.9	2	4	37
White.....	17			2		59
Colored.....	14	(³)		0		0
Oakland.....	41	8.2	8.6	5	3	58
Oklahoma City.....	27			6	1	-----
Omaha.....	46	11.1	9.4	3	6	31
Paterson.....	25	9.1	8.8	1	0	17
Philadelphia.....	395	10.3	11.3	48	57	64
Pittsburgh.....	116	9.5	12.0	20	24	66
Portland, Oreg.....	53			5	0	51
Providence.....	46	8.7	9.9	5	5	41
Richmond.....	45	12.4	14.8	8	4	101
White.....	24			2		39
Colored.....	21	(³)		6		210
Rochester.....	58	9.4	9.9	8	11	64
St. Louis.....	166	10.4	18.1	16	33	-----
St. Paul.....	47	9.9	8.7	3	5	27
Salt Lake City ⁴	33	12.9	9.2	6	5	83
San Antonio.....	56	14.2	11.8	11	9	-----
San Diego.....	28	13.3	12.8	0	0	0
San Francisco.....	123	11.3	12.0	5	13	30
Schenectady.....	15	8.4	10.7	3	3	87
Seattle.....	72			5	1	46
Somerville.....	12	6.3	8.4	2	4	82
Spokane.....	28	13.4	11.0	2	2	47
Springfield, Mass.....	27	9.7	9.5	4	3	58
Syracuse.....	31	8.8	10.9	6	5	76
Tacoma.....	27	13.3	10.5	1	2	23
Toledo.....	72	12.8	13.1	8	12	78
Trenton.....	26	10.1	11.8	2	5	33
Utica.....	25	12.7	12.8	5	1	110
Washington, D. C.....	98	9.7	12.1	12	22	68
White.....	64			7		58
Colored.....	34	(³)		5		91
Waterbury.....	14			1	1	21
Wilmington, Del.....	19	8.0	12.0	2	4	47
Worcester.....	42	11.3	11.8	4	9	46
Yonkers.....	18	8.1	5.5	1	0	22
Youngstown.....	30	9.5	13.4	4	9	51

¹ Annual rate per 1,000 population.

² Deaths under 1 year per 1,000 births. Cities left blank are not in the registration area for births.

³ Data for 64 cities.

⁴ Deaths for week ended Friday, September 10, 1926.

⁵ In the cities for which deaths are shown by color, the colored population in 1920 constituted the following percentages of the total population: Atlanta 31, Baltimore 15, Birmingham 39, Dallas 15, Fort Worth 14, Houston 25, Indianapolis 11, Kansas City, Kans., 14, Louisville, 17, Memphis 38, Nashville 30, New Orleans 26, Norfolk 38, Richmond 32, and Washington, D. C., 25.

PREVALENCE OF DISEASE

No health department, State or local, can effectively prevent or control disease without knowledge of when, where, and under what conditions cases are occurring

UNITED STATES

CURRENT WEEKLY STATE REPORTS

These reports are preliminary, and the figures are subject to change when later returns are received by the State health officers

Reports for Week Ended September 18, 1926

ALABAMA		CALIFORNIA	
	Cases		Cases
Chicken pox.....	16	Cerebrospinal meningitis—Los Angeles.....	1
Dengue.....	1	Chicken pox.....	56
Diphtheria.....	38	Diphtheria.....	74
Influenza.....	11	Influenza.....	6
Malaria.....	139	Lethargic encephalitis—San Francisco.....	1
Measles.....	15	Measles.....	248
Mumps.....	1	Mumps.....	99
Pellagra.....	10	Polioomyelitis:	
Pneumonia.....	24	Los Angeles.....	2
Polioomyelitis.....	2	Los Angeles County.....	1
Scarlet fever.....	19	Riverside County.....	1
Tetanus.....	1	San Francisco.....	1
Tuberculosis.....	110	San Jose.....	1
Typhoid fever.....	83	San Luis Obispo County.....	1
Whooping cough.....	24	Santa Barbara County.....	1
		Scarlet fever.....	74
		Smallpox.....	1
		Tuberculosis.....	128
		Typhoid fever.....	23
		Whooping cough.....	62
ARIZONA		COLORADO.	
Diphtheria.....	2	Chicken pox.....	2
Measles.....	2	Diphtheria.....	29
Scarlet fever.....	2	Measles.....	5
Trachoma.....	2	Pneumonia.....	1
		Polioomyelitis.....	1
		Scarlet fever.....	12
		Tuberculosis.....	31
		Typhoid fever.....	14
		Whooping cough.....	1
ARKANSAS		CONNECTICUT	
Chicken pox.....	23	Cerebrospinal meningitis.....	1
Diphtheria.....	4	Chicken pox.....	3
Hookworm disease.....	2	Diphtheria.....	8
Influenza.....	26	German measles.....	1
Malaria.....	194	Influenza.....	2
Measles.....	2		
Mumps.....	11		
Ophthalmia neonatorum.....	3		
Paratyphoid fever.....	7		
Pellagra.....	12		
Scarlet fever.....	7		
Smallpox.....	2		
Trachoma.....	1		
Tuberculosis.....	14		
Typhoid fever.....	56		
Whooping cough.....	34		

(2093)

CONNECTICUT—continued

	Cases
Malaria.....	1
Measles.....	2
Mumps.....	3
Pneumonia (broncho).....	11
Pneumonia (lobar).....	15
Poliomyelitis.....	2
Scarlet fever.....	17
Septic sore throat.....	1
Tuberculosis (all forms).....	30
Typhoid fever.....	8
Whooping cough.....	17

DELAWARE

Diphtheria.....	4
Poliomyelitis.....	3
Scarlet fever.....	5
Tuberculosis.....	5
Typhoid fever.....	5
Whooping cough.....	2

FLORIDA

Chicken pox.....	2
Diphtheria.....	18
Influenza.....	2
Malaria.....	5
Measles.....	1
Mumps.....	10
Pneumonia.....	2
Scarlet fever.....	3
Smallpox.....	14
Tuberculosis.....	5
Typhoid fever.....	6
Typhus fever.....	1
Whooping cough.....	9

GEORGIA

Chicken pox.....	22
Dengue.....	1
Diphtheria.....	60
Dysentery.....	3
Hookworm disease.....	5
Influenza.....	20
Malaria.....	93
Measles.....	2
Mumps.....	3
Paratyphoid fever.....	2
Pellagra.....	5
Pneumonia.....	11
Scarlet fever.....	11
Septic sore throat.....	8
Smallpox.....	4
Tuberculosis.....	22
Typhoid fever.....	104
Whooping cough.....	7

IDAHO

Chicken pox.....	1
Diphtheria.....	10
Influenza.....	1
Measles.....	2
Mumps.....	1
Pneumonia.....	1
Poliomyelitis:	
Eden.....	1
Twin Falls.....	1
Scarlet fever.....	4
Trachoma.....	3
Typhoid fever.....	3
Whooping cough.....	4

ILLINOIS

	Cases
Cerebrospinal meningitis:	
Cook County.....	1
Livingston County.....	1
Morgan County.....	1
Chicken pox.....	20
Diphtheria.....	52
Influenza.....	21
Lethargic encephalitis—Cook County.....	1
Measles.....	51
Mumps.....	18
Pneumonia.....	81
Poliomyelitis:	
Cook County.....	2
Tazewell County.....	1
Scarlet fever.....	90
Smallpox.....	4
Tuberculosis.....	282
Typhoid fever.....	72
Whooping cough.....	171

INDIANA

Chicken pox.....	4
Diphtheria.....	44
Influenza.....	30
Measles.....	13
Poliomyelitis.....	1
Scarlet fever.....	59
Smallpox.....	5
Tuberculosis.....	38
Typhoid fever.....	69
Whooping cough.....	58

IOWA

Cerebrospinal meningitis.....	1
Chicken pox.....	3
Diphtheria.....	5
German measles.....	1
Measles.....	1
Poliomyelitis.....	2
Scarlet fever.....	18
Smallpox.....	1
Tuberculosis.....	11
Typhoid fever.....	1
Whooping cough.....	9

KANSAS

Cerebrospinal meningitis:	
Cimarron.....	2
Geneseo.....	1
Chicken pox.....	7
Diphtheria.....	9
German measles.....	5
Influenza.....	5
Measles.....	11
Pneumonia.....	9
Poliomyelitis:	
Hutchinson.....	2
Larned.....	1
Norcatur.....	1
Penalosa.....	1
Rabies.....	1
Scarlet fever.....	31
Smallpox.....	4
Tuberculosis.....	39
Typhoid fever.....	39
Whooping cough.....	68

LOUISIANA

	Cases
Cerebrospinal meningitis.....	1
Diphtheria.....	10
Influenza.....	7
Lethargic encephalitis.....	2
Malaria.....	28
Pneumonia.....	18
Polioimyelitis.....	3
Scarlet fever.....	7
Tuberculosis.....	39
Typhoid fever.....	48

MAINE

Chicken pox.....	7
Conjunctivitis.....	1
Diphtheria.....	8
German measles.....	3
Measles.....	37
Mumps.....	4
Pneumonia.....	5
Scarlet fever.....	10
Septic sore throat.....	3
Tuberculosis.....	10
Typhoid fever.....	7
Vincent's angina.....	1
Whooping cough.....	37

MARYLAND¹

Cerebrospinal meningitis.....	3
Chicken pox.....	4
Diphtheria.....	22
Dysentery.....	7
Impetigo contagiosa.....	4
Influenza.....	4
Malaria.....	6
Measles.....	5
Mumps.....	3
Paratyphoid fever.....	5
Pellagra.....	1
Pneumonia (broncho).....	10
Pneumonia (lobar).....	8
Polioimyelitis.....	2
Scarlet fever.....	12
Smallpox.....	1
Tuberculosis.....	66
Typhoid fever.....	70
Whooping cough.....	70

MASSACHUSETTS

Cerebrospinal meningitis.....	1
Chicken pox.....	19
Conjunctivitis (suppurative).....	8
Diphtheria.....	48
German measles.....	5
Influenza.....	6
Lethargic encephalitis.....	2
Malaria.....	1
Measles.....	15
Mumps.....	28
Ophthalmia neonatorum.....	15
Pneumonia (lobar).....	32
Polioimyelitis.....	13
Scarlet fever.....	78
Tetanus.....	1
Trachoma.....	1
Trichinosis.....	1

MASSACHUSETTS—continued

	Cases
Tuberculosis (pulmonary).....	87
Tuberculosis (other forms).....	24
Typhoid fever.....	9
Whooping cough.....	98

MICHIGAN

Diphtheria.....	80
Measles.....	17
Pneumonia.....	30
Scarlet fever.....	65
Smallpox.....	1
Tuberculosis.....	42
Typhoid fever.....	33
Whooping cough.....	133

MINNESOTA

Chicken pox.....	3
Diphtheria.....	35
Measles.....	14
Polioimyelitis.....	1
Scarlet fever.....	83
Tuberculosis.....	56
Typhoid fever.....	2
Whooping cough.....	21

MISSISSIPPI

Diphtheria.....	25
Scarlet fever.....	2
Typhoid fever.....	30

MISSOURI

(Exclusive of Kansas City and St. Joseph)

Diphtheria.....	40
Measles.....	8
Mumps.....	5
Pneumonia.....	1
Scarlet fever.....	39
Trachoma.....	3
Tuberculosis.....	33
Typhoid fever.....	21
Whooping cough.....	47

MONTANA

Chicken pox.....	3
Diphtheria.....	6
Mumps.....	2
Scarlet fever.....	3
Smallpox.....	1
Tuberculosis.....	7
Tularemia.....	1
Typhoid fever.....	3
Whooping cough.....	2

NEBRASKA

Diphtheria.....	4
Polioimyelitis.....	5
Scarlet fever.....	20
Smallpox.....	3
Tuberculosis.....	7
Typhoid fever.....	1
Whooping cough.....	8

NEW JERSEY

Chicken pox.....	12
Diphtheria.....	45
Dysentery.....	2

¹ Week ended Friday.

NEW JERSEY—continued		OREGON	
	Cases		Cases
Malaria.....	1	Chicken pox.....	1
Measles.....	9	Diphtheria.....	10
Pneumonia.....	30	Dysentery.....	1
Polio-myelitis.....	4	Influenza.....	8
Scarlet fever.....	46	Malaria.....	1
Trachoma.....	1	Measles.....	5
Typhoid fever.....	36	Mumps.....	10
Whooping cough.....	129	Pneumonia ¹	2
		Polio-myelitis.....	1
NEW MEXICO		Scarlet fever.....	20
Malaria.....	8	Smallpox.....	8
Measles.....	1	Tuberculosis ¹	2
Mumps.....	3	Typhoid fever.....	13
Pneumonia.....	2	Whooping cough.....	2
Rabies (in animals).....	1		
Scarlet fever.....	1	PENNSYLVANIA	
Tuberculosis.....	11	Cerebrospinal meningitis:	
Typhoid fever.....	13	Altoona.....	1
Whooping cough.....	18	Phoenixville.....	1
		Wilkes-Barre.....	1
NEW YORK		Chicken pox.....	33
(Exclusive of New York City)		Diphtheria.....	91
Anthrax.....	1	German measles.....	3
Cerebrospinal meningitis.....	1	Impetigo contagiosa.....	12
Chicken pox.....	58	Measles.....	93
Diphtheria.....	35	Mumps.....	10
Dysentery.....	3	Ophthalmia neonatorum—Philadelphia.....	1
German measles.....	21	Pneumonia.....	25
Influenza.....	2	Polio-myelitis:	
Malaria.....	2	Altoona.....	1
Measles.....	58	Bradford.....	1
Mumps.....	29	Johnstown.....	1
Ophthalmia neonatorum.....	1	Mahoning Township ¹	1
Paratyphoid fever.....	1	Scabies.....	1
Pneumonia.....	74	Scarlet fever.....	101
Polio-myelitis.....	45	Tetanus—Lancaster.....	1
Scarlet fever.....	46	Tuberculosis.....	87
Tetanus.....	1	Typhoid fever.....	55
Typhoid fever.....	58	Whooping cough.....	362
Vincent's angina.....	9		
Whooping cough.....	260	RHODE ISLAND	
		Cerebrospinal meningitis—Tiverton.....	1
NORTH CAROLINA		Chicken pox.....	1
Chicken pox.....	2	Measles.....	1
Diphtheria.....	102	Polio-myelitis—Providence.....	1
Dysentery (bacillary).....	4	Scarlet fever.....	2
German measles.....	1	Tuberculosis.....	2
Malaria.....	23	Typhoid fever.....	2
Measles.....	13	Whooping cough.....	2
Polio-myelitis.....	2		
Scarlet fever.....	26	SOUTH DAKOTA	
Septic sore throat.....	3	Chicken pox.....	6
Smallpox.....	5	Diphtheria.....	1
Typhoid fever.....	89	Measles.....	16
Whooping cough.....	191	Mumps.....	1
		Pneumonia.....	1
OKLAHOMA		Polio-myelitis.....	1
(Exclusive of Oklahoma City and Tulsa)		Scarlet fever.....	11
Diphtheria.....	19	Tuberculosis.....	4
Influenza.....	33	Typhoid fever.....	1
Malaria.....	130	Whooping cough.....	12
Pneumonia.....	8		
Polio-myelitis—Osage County.....	1	TENNESSEE	
Scarlet fever.....	21	Chicken pox.....	3
Smallpox.....	1	Diphtheria.....	23
Typhoid fever.....	115	Dysentery.....	3
Whooping cough.....	4		

¹Deaths.¹ County not specified.

TENNESSEE—continued

	Cases
Influenza.....	13
Malaria.....	85
Measles.....	8
Mumps.....	4
Ophthalmia neonatorum.....	5
Pellagra.....	8
Pneumonia.....	8
Scarlet fever.....	38
Trachoma.....	2
Tuberculosis.....	25
Typhoid fever.....	193
Whooping cough.....	59

TEXAS

Chicken pox.....	2
Diphtheria.....	14
Influenza.....	6
Lethargic encephalitis.....	1
Mumps.....	5
Pellagra.....	2
Pneumonia.....	4
Scarlet fever.....	11
Tuberculosis.....	13
Typhoid fever.....	46
Whooping cough.....	37

UTAH

Chicken pox.....	1
Diphtheria.....	4
Influenza.....	1
Measles.....	9
Mumps.....	1
Pneumonia.....	2
Poliomyelitis—Salt Lake City.....	1
Scarlet fever.....	1
Typhoid fever.....	2
Whooping cough.....	11

VERMONT

Chicken pox.....	3
Measles.....	4
Mumps.....	10
Scarlet fever.....	6
Whooping cough.....	33

WASHINGTON

Cerebrospinal meningitis—Spokane.....	2
Chicken pox.....	9
Diphtheria.....	14
German measles.....	2
Measles.....	11

WASHINGTON—continued

	Cases
Mumps.....	10
Scarlet fever.....	18
Smallpox.....	19
Tuberculosis.....	5
Typhoid fever.....	4
Whooping cough.....	3

WEST VIRGINIA

Chicken pox.....	5
Diphtheria.....	19
Influenza.....	4
Measles.....	11
Poliomyelitis—Marion County.....	1
Scarlet fever.....	27
Smallpox.....	3
Trachoma.....	1
Tuberculosis.....	7
Typhoid fever.....	59
Whooping cough.....	21

WISCONSIN

Milwaukee:	
Chicken pox.....	8
Diphtheria.....	7
German measles.....	2
Influenza.....	2
Measles.....	1
Mumps.....	9
Pneumonia.....	1
Scarlet fever.....	8
Tuberculosis.....	15
Typhoid fever.....	1
Whooping cough.....	45

Scattering:

Chicken pox.....	3
Diphtheria.....	17
Influenza.....	5
Lethargic encephalitis.....	1
Measles.....	53
Mumps.....	7
Pneumonia.....	1
Poliomyelitis.....	2
Scarlet fever.....	16
Smallpox.....	2
Tuberculosis.....	8
Typhoid fever.....	10
Whooping cough.....	125

WYOMING

Paratyphoid fever.....	1
Scarlet fever.....	3
Typhoid fever.....	1

Reports for Week Ended September 11, 1926

DISTRICT OF COLUMBIA

	Cases
Chicken pox.....	1
Diphtheria.....	11
Pellagra.....	2
Pneumonia.....	7
Scarlet fever.....	6
Tuberculosis.....	9
Typhoid fever.....	1
Whooping cough.....	1

NORTH DAKOTA

	Cases
Chicken pox.....	3
German measles.....	2
Measles.....	11
Mumps.....	4
Paratyphoid fever.....	3
Poliomyelitis.....	1
Scarlet fever.....	29
Tuberculosis.....	1

NORTH DAKOTA—continued		SOUTH CAROLINA—continued	
	Cases		Cases
Typhoid fever.....	5	Poliomyelitis.....	12
Whooping cough.....	24	Scarlet fever.....	5
		Smallpox.....	13
		Tuberculosis.....	45
		Typhoid fever.....	112
		Whooping cough.....	33
SOUTH CAROLINA		WYOMING	
Chicken pox.....	12	Chicken pox.....	1
Dengue.....	14	Diphtheria.....	1
Diphtheria.....	64	Mumps.....	1
Hookworm disease.....	47	Paratyphoid fever.....	1
Influenza.....	129	Tularemia—Park County.....	1
Malaria.....	483	Whooping cough.....	7
Measles.....	10		
Paratyphoid fever.....	14		
Pellagra.....	70		

SUMMARY OF MONTHLY REPORTS FROM STATES

The following summary of monthly State reports is published weekly and covers only those States from which reports are received during the current week:

State	Cerebro-spinal meningitis	Diphtheria	Influenza	Malaria	Measles	Pellagra	Poliomyelitis	Scarlet fever	Smallpox	Typhoid fever
<i>July, 1926</i>										
Delaware.....		4		6	20		0	10	0	5
<i>August, 1926</i>										
Indiana.....	1	73	23		115		2	119	73	85
Iowa.....		59			20		2	54	20	35
New Jersey.....	4	163	17	1	126		5	123	0	80
Tennessee.....	4	46	17	300	84	49	4	72	9	807
Wisconsin.....	8	106	34		901		5	146	3	11

GENERAL CURRENT SUMMARY AND WEEKLY REPORTS FROM CITIES

Diphtheria.—For the week ended September 4, 1926, 38 States reported 819 cases of diphtheria. For the week ended September 5, 1925, the same States reported 835 cases of this disease. Ninety-six cities, situated in all parts of the country and having an aggregate population of more than 29,600,000, reported 429 cases of diphtheria for the week ended September 4, 1926. Last year for the corresponding week they reported 392 cases. The estimated expectancy for these cities was 559 cases. The estimated expectancy is based on the experience of the last nine years, excluding epidemics.

Measles.—Thirty-seven States reported 626 cases of measles for the week ended September 4, 1926, and 268 cases of this disease for the week ended September 5, 1925. Ninety-six cities reported 142 cases of measles for the week this year and 123 cases last year.

Poliomyelitis.—The health officers of 38 States reported 119 cases of poliomyelitis for the week ended September 4, 1926. The same States reported 312 cases for the week ended September 5, 1925.

Scarlet fever.—Scarlet fever was reported for the week as follows: Thirty-eight States—this year, 752 cases; last year, 693 cases; 96

cities—this year, 295 cases; last year, 300 cases; estimated expectancy, 256 cases.

Smallpox.—For the week ended September 4, 1926, 38 States reported 119 cases of smallpox. Last year for the corresponding week they reported 88 cases. Ninety-six cities reported smallpox for the week as follows: 1926, 14 cases; 1925, 27 cases; estimated expectancy, 21 cases. No deaths from smallpox were reported by these cities for the week this year.

Typhoid fever.—One thousand one hundred and eighty-two cases of typhoid fever were reported for the week ended September 4, 1926, by 38 States. For the corresponding week of 1925 the same States reported 1,118 cases of this disease. Ninety-six cities reported 234 cases of typhoid fever for the week this year and 218 cases for the corresponding week last year. The estimated expectancy for these cities was 247 cases.

Influenza and pneumonia.—Deaths from influenza and pneumonia were reported for the week by 92 cities, with a population of about 29,100,000, as follows: 1926, 304 deaths; 1925, 397 deaths.

City reports for week ended September 4, 1926

The "estimated expectancy" given for diphtheria, poliomyelitis, scarlet fever, smallpox, and typhoid fever is the result of an attempt to ascertain from previous occurrence how many cases of the disease under consideration may be expected to occur during a certain week in the absence of epidemics. It is based on reports to the Public Health Service during the past nine years. It is in most instances the median number of cases reported in the corresponding week of the preceding years. When the reports include several epidemics or when for other reasons the median is unsatisfactory, the epidemic periods are excluded and the estimated expectancy is the mean number of cases reported for the week during nonepidemic years.

If reports have not been received for the full nine years, data are used for as many years as possible, but no year earlier than 1917 is included. In obtaining the estimated expectancy the figures are smoothed when necessary to avoid abrupt deviations from the usual trend. For some of the diseases given in the table the available data were not sufficient to make it practicable to compute the estimated expectancy.

Division, State, and city	Population July 1, 1925, estimated	Chicken pox, cases re-reported	Diphtheria		Influenza		Measles, cases re-reported	Mumps, cases re-reported	Pneumonia, deaths re-reported
			Cases, estimated expectancy	Cases re-reported	Cases re-reported	Deaths re-reported			
NEW ENGLAND									
Maine:									
Portland	75,333	0	0	0	0	0	0	0	2
New Hampshire:									
Concord	22,546	0	0	0	0	0	1	0	0
Manchester	83,097	0	1	0	0	0	0	0	0
Vermont:									
Barre	10,008	1	0	0	0	0	0	0	0
Burlington	24,089	0	0	0	0	0	0	0	0
Massachusetts:									
Boston	779,620	6	31	9	1	0	7	9	9
Fall River	128,993	1	1	1	0	0	0	1	1
Springfield	142,065	0	2	0	0	0	0	0	0
Worcester	190,757	1	3	0	0	0	1	0	1
Rhode Island:									
Pawtucket	69,760	0	0	0	0	0	0	0	0
Providence	267,918	0	3	0	0	0	1	0	4
Connecticut:									
Bridgeport	(1)	0	4	0	0	0	0	0	1
Hartford	160,197	0	4	0	1	0	2	0	1
New Haven	178,927	2	2	1	0	0	2	0	1

¹ No estimate made.

City reports for week ended September 4, 1926—Continued

Division, State, and city	Population July 1, 1925, estimated	Chicken pox, cases reported	Diphtheria		Influenza		Measles, cases reported	Mumps, cases reported	Pneumonia deaths reported
			Cases, estimated expectancy	Cases reported	Cases reported	Deaths reported			
MIDDLE ATLANTIC									
New York:									
Buffalo.....	538,016	0	12	1	-----	0	2	1	3
New York.....	5,873,356	9	98	74	14	2	9	17	57
Rochester.....	316,786	0	5	6	-----	0	3	0	4
Syracuse.....	182,003	4	3	0	-----	0	11	0	1
New Jersey:									
Camden.....	128,642	0	0	1	0	0	0	0	2
Newark.....	452,513	2	7	2	0	0	1	2	5
Trenton.....	132,020	0	2	2	0	0	0	0	1
Pennsylvania:									
Philadelphia.....	1,070,364	4	34	26	-----	1	2	2	37
Pittsburgh.....	631,563	3	15	7	-----	1	6	0	8
Reading.....	112,707	0	2	0	-----	0	0	0	0
EAST NORTH CENTRAL									
Ohio:									
Cincinnati.....	409,333	0	7	0	0	1	0	3	2
Cleveland.....	936,485	0	21	30	0	1	1	4	9
Columbus.....	279,836	1	2	4	0	2	1	0	1
Toledo.....	287,380	1	6	5	0	0	2	0	2
Indiana:									
Fort Wayne.....	97,846	0	2	3	0	0	0	0	0
Indianapolis.....	358,819	0	6	1	0	0	0	0	7
South Bend.....	80,091	0	1	1	0	0	3	0	1
Terre Haute.....	71,071	0	1	0	0	0	0	0	0
Illinois:									
Chicago.....	2,995,239	12	59	48	0	1	23	14	18
Peoria.....	81,564	0	1	0	0	0	3	0	2
Springfield.....	63,923	2	1	1	0	0	2	0	0
Michigan:									
Detroit.....	1,245,824	4	28	46	4	1	1	2	7
Flint.....	130,316	2	5	1	0	0	2	0	1
Grand Rapids.....	153,698	0	2	0	0	0	1	0	0
Wisconsin:									
Kenosha.....	50,891	0	0	0	0	0	2	0	0
Madison.....	46,385	0	0	3	0	0	0	0	0
Milwaukee.....	509,192	1	10	5	0	0	8	2	4
Racine.....	67,707	0	0	0	0	0	2	1	0
Superior.....	39,671	0	0	5	0	0	0	0	0
WEST NORTH CENTRAL									
Minnesota:									
Duluth.....	110,502	0	2	0	0	0	0	0	1
Minneapolis.....	425,435	6	15	19	0	0	0	1	3
St. Paul.....	246,001	1	12	1	0	0	3	0	4
Iowa:									
Davenport.....	52,469	0	1	0	0	-----	0	0	-----
Sioux City.....	76,411	2	1	0	0	-----	0	0	-----
Waterloo.....	36,771	0	1	0	0	-----	1	0	-----
Missouri:									
Kansas City.....	367,481	0	4	0	1	1	1	0	5
St. Joseph.....	78,342	1	1	0	0	0	0	0	1
St. Louis.....	821,543	1	18	11	0	0	0	4	-----
North Dakota:									
Fargo.....	26,463	0	0	0	0	0	0	0	1
Grand Forks.....	14,811	0	0	0	0	-----	2	0	-----
South Dakota:									
Aberdeen.....	15,036	0	1	0	0	-----	1	0	-----
Sioux Falls.....	30,127	-----	0	-----	-----	-----	-----	-----	-----
Nebraska:									
Lincoln.....	60,941	0	0	0	0	0	0	0	1
Omaha.....	211,768	0	8	1	0	0	0	0	1
Kansas:									
Topeka.....	55,411	0	1	0	0	1	0	0	0
Wichita.....	88,367	0	1	1	0	0	0	0	1

¹ No estimate made.

City reports for week ended September 4, 1926—Continued

Division, State, and city	Population July 1, 1925, estimated	Chicken pox, cases reported	Diphtheria		Influenza		Measles, cases reported	Mumps, cases reported	Pneumonia, deaths reported
			Cases, estimated expectancy	Cases reported	Cases reported	Deaths reported			
SOUTH ATLANTIC									
Delaware:									
Wilmington.....	122,049	0	1	0	0	0	0	0	1
Maryland:									
Baltimore.....	796,296	2	13	14	0	0	0	1	13
Cumberland.....	33,741	0	0	0	0	0	0	0	1
Frederick.....	12,035	0	0	0	0	0	0	0	1
District of Columbia:									
Washington.....	497,906	0	4	7	0	0	0	0	4
Virginia:									
Lynchburg.....	30,395	0	1	0	0	0	0	0	0
Norfolk.....	(1)	0	1	0	0	0	0	0	3
Richmond.....	186,403	0	9	8	0	0	2	2	0
Roanoke.....	58,208	0	3	0	0	0	1	0	0
West Virginia:									
Charleston.....	49,019	0	2	1	0	0	1	0	0
Huntington.....	63,485	0	1	1	0	0	0	0	0
Wheeling.....	56,208	0	1	0	0	0	0	0	0
North Carolina:									
Raleigh.....	20,371	0	1	1	0	0	0	0	0
Wilmington.....	37,061	0	1	0	0	0	0	0	1
Winston-Salem.....	69,031	0	2	1	0	0	0	0	0
South Carolina:									
Charleston.....	73,125	0	1	2	6	0	1	0	0
Columbia.....	41,225	0	1	0	0	0	0	0	0
Greenville.....	27,311	0	1	1	0	0	0	0	0
Georgia:									
Atlanta.....	(1)	0	4	2	0	0	0	1	6
Brunswick.....	16,809	0	0	0	0	0	0	0	0
Savannah.....	93,134	0	1	0	2	0	0	0	0
Florida:									
Miami.....	69,754	0	2	0	0	1	1	1	1
St. Petersburg.....	26,847	0	0	0	0	0	0	0	0
Tampa.....	94,743	0	1	0	0	0	0	0	4
EAST SOUTH CENTRAL									
Kentucky:									
Covington.....	58,309	0	0	1	0	0	0	0	1
Louisville.....	305,935	0	4	3	1	1	0	0	3
Tennessee:									
Memphis.....	174,533	0	4	1	0	1	0	0	1
Nashville.....	136,220	1	1	0	0	0	0	0	4
Alabama:									
Birmingham.....	205,670	0	4	3	0	0	6	2	1
Mobile.....	65,955	0	1	0	0	1	0	0	0
Montgomery.....	46,481	0	1	0	0	0	0	0	0
WEST SOUTH CENTRAL									
Arkansas:									
Fort Smith.....	31,643	0	1	0	0	0	0	0	0
Little Rock.....	74,216	0	0	0	0	0	0	0	1
Louisiana:									
New Orleans.....	414,493	1	7	6	1	1	0	0	5
Shreveport.....	57,857	0	0	0	0	0	0	0	0
Oklahoma:									
Oklahoma City.....	(1)	0	1	0	2	0	0	0	1
Texas:									
Dallas.....	194,450	1	4	2	0	0	0	0	2
Galveston.....	48,375	0	0	0	0	0	0	0	0
Houston.....	164,954	0	2	5	0	1	0	0	1
San Antonio.....	198,069	0	1	1	0	0	0	0	2
MOUNTAIN									
Montana:									
Billings.....	17,971	0	0	0	0	0	0	0	0
Great Falls.....	29,883	1	0	0	0	0	0	0	0
Helena.....	12,037	0	0	0	0	0	0	0	1
Missoula.....	12,668	0	0	0	0	0	0	0	1
Idaho:									
Boise.....	23,042	0	0	0	0	0	0	0	0

1 No estimate made.

City reports for week ended September 4, 1926—Continued

Division, State, and city	Population July 1, 1925, estimated	Chicken pox, cases reported	Diphtheria		Influenza		Measles, cases reported	Mumps, cases reported	Pneumonia, deaths reported
			Cases, estimated expectancy	Cases reported	Cases reported	Deaths reported			
MOUNTAIN—continued									
Colorado:									
Denver.....	280,911	4	9	5	1	1	1	3	
Pueblo.....	43,787	0	4	0	0	0	0	0	
New Mexico:									
Albuquerque.....	21,000	0	1	0	0	0	0	0	
Arizona:									
Phoenix.....	38,669	0	0	1	0	0	0	0	
Utah:									
Salt Lake City.....	130,948	2	2	5	0	0	3	0	2
Nevada:									
Reno.....	12,665	0	0	0	0	0	0	0	
PACIFIC									
Washington:									
Seattle.....	(¹)	6	3	2	0	0	1	0	2
Spokane.....	108,897	0	1	0	0	0	0	0	
Tacoma.....	104,455	1	2	3	0	0	0	0	
Oregon:									
Portland.....	282,383	1	4	3	0	0	4	2	5
California:									
Los Angeles.....	(¹)	2	22	22	5	0	3	1	10
Sacramento.....	72,200	0	2	5	0	0	0	1	3
San Francisco.....	557,530	14	13	18	0	0	30	6	7

Division, State, and city	Scarlet fever		Smallpox			Tuber- culosis, deaths re- ported	Typhoid fever			Whoop- ing cough, cases re- ported	Deaths, all causes
	Cases, esti- mated expect- ancy	Cases re- ported	Cases, esti- mated expect- ancy	Cases re- ported	Deaths re- ported		Cases, esti- mated expect- ancy	Cases re- ported	Deaths re- ported		
NEW ENGLAND											
Maine:											
Portland.....	0	2	0	0	0	0	1	0	0	5	25
New Hampshire:											
Concord.....	0	0	0	0	0	1	0	0	0	1	8
Manchester.....	1	1	0	0	0	1	0	0	0	0	23
Vermont:											
Barre.....	0	0	0	0	0	0	0	0	0	0	3
Burlington.....	0	0	0	0	0	1	0	0	0	2	8
Massachusetts:											
Boston.....	12	14	0	0	0	15	5	2	1	42	188
Fall River.....	1	2	0	0	0	8	2	1	0	2	31
Springfield.....	2	1	0	0	0	2	0	1	0	3	22
Worcester.....	2	2	0	0	0	0	0	0	0	3	41
Rhode Island:											
Pawtucket.....	0		0				0				
Providence.....	2	1	0	0	0	3	2	0	0	7	50
Connecticut:											
Bridgeport.....	2	1	0	0	0	2	1	0	0	1	16
Hartford.....	1	1	0	0	0	2	2	1	0	1	29
New Haven.....	2	1	0	0	0	1	4	0	0	3	38
MIDDLE ATLANTIC											
New York:											
Buffalo.....	4	3	0	0	0	14	3	0	0	10	116
New York.....	23	22	0	1	0	76	47	52	7	47	1,092
Rochester.....	3	0	0	0	0	1	2	2	0	11	58
Syracuse.....	3	0	0	0	0	1	1	1	0	9	44
New Jersey:											
Camden.....	0	4	0	0	0	0	1	1	0	2	22
Newark.....	4	1	0	0	0	11	2	1	0	39	92
Trenton.....	0	2	0	0	0	2	2	0	0	3	22

¹ No estimate made.² Pulmonary tuberculosis only.

City reports for week ended September 4, 1926—Continued

Division, State, and city	Scarlet fever		Smallpox			Tuber- culosis, deaths re- ported	Typhoid fever			Whoop- ing cough, cases re- ported	Deaths, all causes
	Cases, esti- mated expect- ancy	Cases re- ported	Cases, esti- mated expect- ancy	Cases re- ported	Deaths re- ported		Cases, esti- mated expect- ancy	Cases re- ported	Deaths re- ported		
MIDDLE ATLANTIC— continued											
Pennsylvania:											
Philadelphia.....	15	16	0	0	0	27	13	9	1	46	445
Pittsburgh.....	9	3	0	0	0	3	4	2	0	51	132
Reading.....	0	0	0	0	0	2	2	1	0	10	35
EAST NORTH CEN- TRAL											
Ohio:											
Cincinnati.....	3	3	1	0	0	5	3	4	0	8	107
Cleveland.....	8	14	0	0	0	19	5	5	1	69	181
Columbus.....	2	4	1	0	0	8	2	1	1	4	80
Toledo.....	5	3	0	0	0	4	3	4	1	16	65
Indiana:											
Fort Wayne.....	1	2	0	0	0	3	1	9	1	0	27
Indianapolis.....	3	1	0	0	0	2	2	1	2	12	123
South Bend.....	1	1	0	0	0	0	0	0	0	0	11
Terre Haute.....	1	0	0	0	0	2	0	0	0	2	22
Illinois:											
Chicago.....	28	19	1	0	0	47	8	4	1	63	601
Peoria.....	2	0	0	0	0	1	0	0	0	0	14
Springfield.....	1	2	0	0	0	1	1	0	0	4	22
Michigan:											
Detroit.....	24	24	1	0	0	25	5	4	2	58	256
Flint.....	3	4	0	0	0	2	1	0	0	2	29
Grand Rapids.....	2	3	0	0	0	1	1	1	0	2	21
Wisconsin:											
Kenosha.....	1	0	0	0	0	0	0	0	0	14	8
Madison.....	1	1	1	0	0	0	0	0	0	5	5
Milwaukee.....	8	8	1	0	0	4	1	1	0	66	92
Racine.....	1	0	0	0	0	0	0	0	0	3	7
Superior.....	1	0	1	0	0	0	0	0	0	0	6
WEST NORTH CEN- TRAL											
Minnesota:											
Duluth.....	3	5	0	0	0	1	1	0	0	2	17
Minneapolis.....	11	26	1	0	0	3	2	2	0	1	98
St. Paul.....	4	8	1	0	0	3	1	2	0	16	61
Iowa:											
Davenport.....	0	0	0	1	—	—	0	0	—	1	—
Sioux City.....	1	0	0	0	—	—	0	1	—	3	—
Waterloo.....	1	0	0	0	—	—	0	0	—	0	—
Missouri:											
Kansas City.....	2	3	0	0	0	6	3	2	0	6	92
St. Joseph.....	0	1	0	0	0	1	0	1	0	0	26
St. Louis.....	8	15	0	0	0	12	7	12	1	15	203
North Dakota:											
Fargo.....	0	3	0	0	0	1	0	0	0	0	10
Grand Forks.....	0	1	0	0	—	—	0	0	—	0	—
South Dakota:											
Aberdeen.....	1	0	0	0	—	—	0	0	—	4	—
Sioux Falls.....	0	—	0	—	—	—	0	—	—	—	—
Nebraska:											
Lincoln.....	0	0	1	1	0	0	1	1	0	6	11
Omaha.....	1	2	1	0	0	3	1	1	0	0	48
Kansas:											
Topeka.....	1	0	0	0	0	1	2	0	0	5	18
Wichita.....	1	2	0	0	0	0	2	0	0	6	22
SOUTH ATLANTIC											
Delaware:											
Wilmington.....	0	0	0	0	0	3	1	0	0	0	23
Maryland:											
Baltimore.....	6	3	0	0	0	9	10	19	4	63	181
Cumberland.....	1	0	0	0	0	0	1	0	0	0	8
Frederick.....	0	0	0	0	0	0	1	0	0	0	3
District of Colum- bia:											
Washington.....	3	6	1	0	0	6	5	3	0	11	99

City reports for week ended September 4, 1926—Continued

Division, State, and city	Scarlet fever		Smallpox			Tuber- culosis, deaths re- ported	Typhoid fever			Whoop- ing cough, cases re- ported	Deaths, all causes
	Cases, esti- mated expect- ancy	Cases re- ported	Cases, esti- mated expect- ancy	Cases re- ported	Deaths re- ported		Cases, esti- mated expect- ancy	Cases re- ported	Deaths re- ported		
SOUTH ATLANTIC— continued											
Virginia:											
Lynchburg.....	0	0	0	0	0	0	0	0	0	0	8
Norfolk.....	0	2	0	0	0	1	2	2	0	2	—
Richmond.....	3	2	0	1	0	1	3	5	0	0	47
Roanoke.....	0	0	0	0	0	1	3	0	2	1	16
West Virginia:											
Charleston.....	1	2	0	0	0	1	2	1	0	2	19
Huntington.....	1	0	0	0	0	1	0	0	0	0	—
Wheeling.....	2	0	0	0	0	1	1	1	0	0	20
North Carolina:											
Raleigh.....	1	0	0	0	0	0	1	0	0	8	7
Wilmington.....	0	0	0	0	0	1	0	0	1	2	10
Winston-Salem.....	1	1	0	0	0	0	2	1	0	0	16
South Carolina:											
Charleston.....	1	0	0	0	0	1	3	4	0	0	24
Columbia.....	0	0	0	0	0	0	1	0	0	2	—
Greenville.....	0	0	0	3	0	0	0	0	0	2	6
Georgia:											
Atlanta.....	3	4	0	1	0	8	5	10	2	7	60
Brunswick.....	0	0	0	0	0	1	1	0	0	0	4
Savannah.....	0	0	0	0	0	2	1	2	0	0	41
Florida:											
Miami.....	—	1	—	0	0	2	—	1	0	0	40
St. Petersburg.....	0	—	0	—	0	0	0	—	0	—	1
Tampa.....	0	0	0	0	0	3	1	1	1	0	37
EAST SOUTH CEN- TRAL											
Kentucky:											
Covington.....	0	0	0	0	0	1	1	0	0	0	19
Louisville.....	1	5	1	0	0	6	5	4	0	5	75
Tennessee:											
Memphis.....	1	0	0	0	0	1	7	6	1	14	65
Nashville.....	2	4	0	0	0	2	7	18	5	2	53
Alabama:											
Birmingham.....	4	1	0	1	0	2	7	5	0	2	59
Mobile.....	0	0	0	0	0	0	1	1	0	0	9
Montgomery.....	0	1	0	1	0	0	1	0	0	0	24
WEST SOUTH CEN- TRAL											
Arkansas:											
Fort Smith.....	1	0	0	0	—	—	0	0	—	1	—
Little Rock.....	0	0	0	0	0	5	3	0	0	0	—
Louisiana:											
New Orleans.....	1	1	0	0	0	7	5	4	4	1	116
Shreveport.....	0	1	0	0	0	0	5	0	1	0	12
Oklahoma:											
Oklahoma City.....	1	0	0	0	0	2	2	2	0	0	27
Texas:											
Dallas.....	1	2	0	1	0	4	3	3	1	4	37
Galveston.....	0	0	0	0	0	1	0	0	0	0	11
Houston.....	1	0	0	0	0	1	1	0	0	42	39
San Antonio.....	0	2	0	0	0	5	0	3	1	0	36
MOUNTAIN											
Montana:											
Billings.....	0	0	1	0	0	0	0	0	0	0	8
Great Falls.....	0	1	0	0	0	0	1	0	0	0	7
Helena.....	0	0	0	0	0	0	0	0	0	0	5
Missoula.....	0	0	0	0	0	0	0	0	0	0	8
Idaho:											
Boise.....	0	0	1	0	0	0	0	0	0	0	4
Colorado:											
Denver.....	3	7	1	0	0	14	4	0	0	9	78
Fueblo.....	0	0	0	0	0	1	1	0	0	0	12
New Mexico:											
Albuquerque.....	0	0	0	0	0	3	1	0	0	0	13

City reports for week ended September 4, 1926—Continued

Division, State, and city	Scarlet fever		Smallpox			Tuber- culosis, deaths re- ported	Typhoid fever			Whoop- ing cough, cases re- ported	Deaths, all causes
	Cases, esti- mated expect- ancy	Cases re- ported	Cases, esti- mated expect- ancy	Cases re- ported	Deaths re- ported		Cases, esti- mated expect- ancy	Cases re- ported	Deaths re- ported		
MOUNTAIN—contd.											
Arizona:											
Phoenix.....		0	0	0	0	5	0	0	0	0	11
Utah:											
Salt Lake City.....	1	1	0	0	0	2	2	1	0	17	27
Nevada:											
Reno.....	0	0	0	0	0	0	1	0	0	0	2
PACIFIC											
Washington:											
Seattle.....	4	1	1	0			2	0		6	
Spokane.....	3	1	0	0			0	2		2	
Tacoma.....	2	2	1	4	0	1	0	6	1	1	30
Oregon:											
Portland.....	2	6	4	4	0	2	1	0	0	1	51
California:											
Los Angeles.....	6	16	2	1	0	20	4	3	0	6	200
Sacramento.....	0	1	1	0	0	1	1	3	2	0	27
San Francisco.....	5	5	1	0	0	8	2	3	0	2	145

Division, State, and city	Cerebrospinal meningitis		Lethargic encephalitis		Pellagra		Poliomyelitis (infantile paralysis)			
	Cases	Deaths	Cases	Deaths	Cases	Deaths	Cases, estimated expectancy	Cases	Deaths	
NEW ENGLAND										
New Hampshire:										
Manchester.....	0	0	0	0	0	0	0	0	0	1
Massachusetts:										
Boston.....	2	1	1	1	0	0	2	0	0	0
Springfield.....	0	0	1	1	0	0	0	3	0	0
Worcester.....	0	0	0	0	1	0	0	0	0	0
Rhode Island:										
Providence.....	0	0	0	0	0	0	0	1	0	0
MIDDLE ATLANTIC										
New York:										
New York.....	4	2	5	0	0	0	8	2	1	1
Rochester.....	0	0	1	1	0	0	0	0	0	0
Syracuse.....	0	0	0	0	0	0	0	8	0	2
New Jersey:										
Camden.....	0	0	0	0	0	0	0	1	0	0
Pennsylvania:										
Philadelphia.....	0	0	0	0	0	0	1	0	1	1
EAST NORTH CENTRAL										
Ohio:										
Cleveland.....	2	1	0	0	0	0	1	2	0	0
Toledo.....	0	0	1	0	0	0	0	0	0	0
Illinois:										
Chicago ¹	1	0	0	0	1	1	5	0	0	0
Michigan:										
Detroit.....	0	0	1	1	0	0	1	0	0	0
Wisconsin:										
Milwaukee.....	0	0	0	0	0	0	0	1	1	1

¹ Typhus fever; 1 case and 1 death at Chicago, Ill.

City reports for week ended September 4, 1926—Continued

Division, State, and city	Cerebrospinal meningitis		Lethargic encephalitis		Pellagra		Poliomyelitis (infantile paralysis)		
	Cases	Deaths	Cases	Deaths	Cases	Deaths	Cases, estimated expectancy	Cases	Deaths
WEST NORTH CENTRAL									
Missouri:									
St. Louis.....	0	0	0	0	0	0	1	1	0
Nebraska:									
Omaha.....	0	0	0	0	0	0	0	1	0
Kansas:									
Topeka.....	1	1	0	0	0	0	0	0	0
Wichita.....	0	0	0	0	0	0	0	1	0
SOUTH ATLANTIC									
Maryland:									
Baltimore.....	2	0	3	2	0	0	1	5	0
West Virginia:									
Wheeling.....	0	0	0	0	0	0	0	1	1
North Carolina:									
Wilmington.....	0	0	0	0	0	1	0	0	0
Winston-Salem.....	0	0	0	0	1	0	1	0	0
South Carolina:									
Charleston.....	0	0	0	0	1	0	0	0	0
Florida:									
Tampa.....	0	0	0	0	0	1	0	0	0
EAST SOUTH CENTRAL									
Tennessee:									
Memphis.....	0	0	0	0	1	2	0	0	0
Alabama:									
Birmingham.....	0	0	0	0	1	1	0	0	0
Mobile.....	0	0	0	0	1	0	0	0	0
WEST SOUTH CENTRAL									
Arkansas:									
Little Rock.....	0	0	0	0	0	2	0	0	0
Louisiana:									
New Orleans.....	0	0	1	1	0	0	0	0	0
Shreveport.....	0	0	0	0	0	1	0	0	0
Texas:									
Houston.....	0	0	0	0	0	1	0	0	0
MOUNTAIN									
Utah:									
Salt Lake City.....	0	0	0	0	0	0	0	1	0
PACIFIC									
California:									
Los Angeles.....	0	0	0	0	0	0	0	0	1
Sacramento.....	0	1	0	0	0	0	0	0	0
San Francisco.....	0	0	0	0	0	0	1	1	0

The following table gives the rates per 100,000 population for 102 cities for the five-week period ended September 4, 1926, compared with those for a like period ended September 5, 1925. The population figures used in computing the rates are approximate estimates as of July 1, 1925 and 1926, respectively, authoritative figures for many of the cities not being available. The 102 cities reporting cases had an estimated aggregate population of nearly 30,000,000 in 1925 and nearly 30,500,000 in 1926. The 96 cities reporting deaths had more than 29,250,000 estimated population in 1925 and more than 29,750,000 in 1926. The number of cities included in each

group and the estimated aggregate populations are shown in a separate table below.

Summary of weekly reports from cities, August 1 to September 4, 1926—Annual rates per 100,000 population, compared with rates for the corresponding period of 1925¹

DIPHTHERIA CASE RATES

	Week ended—									
	Aug. 8, 1925	Aug. 7, 1926	Aug. 15, 1925	Aug. 14, 1926	Aug. 22, 1925	Aug. 21, 1926	Aug. 29, 1925	Aug. 28, 1926	Sept. 5, 1925	Sept. 4, 1926
102 cities.....	83	78	77	69	68.	68	72	65	70	75
New England.....	79	40	89	31	50	47	41	50	43	27
Middle Atlantic.....	83	88	78	62	73	59	63	56	61	62
East North Central.....	94	¹⁰ 105	68	¹⁰ 101	51	¹⁰ 87	68	¹⁰ 75	57	101
West North Central.....	¹¹ 105	¹² 52	107	¹² 56	99	¹² 83	115	¹² 81	99	¹² 67
South Atlantic.....	52	43	69	49	60	60	68	62	106	¹⁴ 70
East South Central.....	26	10	32	57	58	21	37	57	32	42
West South Central.....	22	39	48	26	57	¹⁰ 66	92	34	31	60
Mountain.....	¹⁶ 66	118	157	73	74	146	166	73	305	91
Pacific.....	141	102	80	105	110	62	105	92	76	135

MEASLES CASE RATES

	51	66	46	57	30	41	27	27	22	25
102 cities.....	51	66	46	57	30	41	27	27	22	25
New England.....	127	83	125	69	93	52	86	38	50	34
Middle Atlantic.....	69	42	57	33	38	27	34	15	25	17
East North Central.....	44	¹⁰ 96	35	¹⁰ 77	21	¹⁰ 60	20	¹⁰ 32	20	30
West North Central.....	¹¹ 10	¹² 58	24	¹² 66	6	¹² 28	4	¹² 20	6	¹² 9
South Atlantic.....	42	47	40	81	33	36	²³ 15	15	23	¹⁴ 9
East South Central.....	11	42	16	31	5	36	11	36	0	31
West South Central.....	0	9	9	4	9	¹⁴ 9	0	4	0	0
Mountain.....	¹⁶ 19	137	18	64	28	18	28	27	0	36
Pacific.....	28	121	19	94	11	78	6	94	28	92

SCARLET FEVER CASE RATES

	51	61	57	51	51	48	45	55	54	52
102 cities.....	51	61	57	51	51	48	45	55	54	52
New England.....	98	104	81	69	89	73	67	54	46	61
Middle Atlantic.....	33	38	36	30	23	29	27	32	30	25
East North Central.....	48	¹⁰ 79	54	¹⁰ 56	54	¹⁰ 47	45	¹⁰ 55	58	59
West North Central.....	¹¹ 117	¹² 101	129	¹² 119	143	¹² 119	109	¹² 133	121	¹² 133
South Atlantic.....	21	39	38	30	40	39	¹³ 39	58	56	¹⁴ 38
East South Central.....	58	31	37	47	32	36	26	62	131	57
West South Central.....	53	17	66	22	46	¹¹ 18	18	26	35	26
Mountain.....	¹⁶ 38	64	92	36	65	36	28	64	74	62
Pacific.....	61	84	83	86	41	78	66	75	50	70

¹ The figures given in this table are rates per 100,000 population, annual basis, and not the number of cases reported. Populations used are estimated as of July 1, 1925, and 1926, respectively.

² Waterloo, Iowa, and Helena, Mont., not included.

³ Madison, Wis., and Sioux Falls, S. Dak., not included.

⁴ Madison, Wis., Sioux Falls, S. Dak., and Fort Smith, Ark., not included.

⁵ Greenville, S. C., not included.

⁶ Spokane, Wash., not included.

⁷ Pawtucket, R. I., Buffalo, N. Y., Waterloo, Iowa, Sioux Falls, S. Dak., and Brunswick, Ga., not included.

⁸ Pawtucket, R. I., not included.

⁹ Buffalo, N. Y., not included.

¹⁰ Madison, Wis., not included.

¹¹ Waterloo, Iowa, not included.

¹² Sioux Falls, S. Dak., not included.

¹³ Waterloo, Iowa, and Sioux Falls, S. Dak., not included.

¹⁴ Brunswick, Ga., not included.

¹⁵ Fort Smith, Ark., not included.

¹⁶ Helena, Mont., not included.

Summary of weekly reports from cities, August 1 to September 4, 1926—Annual rates per 100,000 population, compared with rates for the corresponding period of 1925—Continued

SMALLPOX CASE RATES

	Week ended—									
	Aug. 8, 1925	Aug. 7, 1926	Aug. 15, 1925	Aug. 14, 1926	Aug. 22, 1925	Aug. 21, 1926	Aug. 29, 1925	Aug. 28, 1926	Sept. 5, 1925	Sept. 4, 1926
102 cities.....	29	28	7	27	6	42	28	24	25	22
New England.....	0	0	0	0	0	0	0	0	0	0
Middle Atlantic.....	0	1	0	0	0	1	1	0	0	1
East North Central.....	6	10	3	10	2	10	8	10	5	0
West North Central.....	11	12	16	12	6	12	4	12	4	12
South Atlantic.....	2	11	2	11	4	6	12	9	2	10
East South Central.....	47	16	21	26	37	5	53	0	11	10
West South Central.....	13	13	9	22	4	10	13	9	4	4
Mountain.....	10	19	9	73	9	0	9	0	9	0
Pacific.....	64	24	64	32	41	5	28	13	28	13

TYPHOID FEVER CASE RATES

102 cities.....	240	229	46	235	55	441	245	240	238	241
New England.....	26	12	38	17	31	17	26	19	29	12
Middle Atlantic.....	23	19	33	24	44	34	30	39	29	36
East North Central.....	20	10	17	10	29	10	17	10	18	20
West North Central.....	11	11	55	12	46	12	48	34	12	22
South Atlantic.....	56	66	86	100	104	94	89	56	58	93
East South Central.....	252	182	200	140	168	187	163	233	168	176
West South Central.....	123	60	97	47	128	12	106	39	167	43
Mountain.....	10	104	27	102	73	73	111	18	28	9
Pacific.....	17	30	41	30	61	24	52	38	29	46

INFLUENZA DEATH RATES

96 cities.....	102	2	2	1	2	3	3	3	2	17
New England.....	5	0	0	0	0	0	0	0	0	0
Middle Atlantic.....	2	2	3	1	2	1	3	3	3	2
East North Central.....	3	10	3	10	1	10	4	10	3	4
West North Central.....	0	10	0	12	0	12	2	12	2	12
South Atlantic.....	6	4	0	0	0	2	2	2	2	10
East South Central.....	5	0	5	10	11	0	5	0	0	16
West South Central.....	5	5	0	14	10	28	15	5	5	9
Mountain.....	10	9	9	0	9	0	9	18	18	9
Pacific.....	0	11	0	0	7	7	0	0	0	0

PNEUMONIA DEATH RATES

96 cities.....	102	54	60	50	53	54	61	48	70	51
New England.....	36	54	29	31	28	40	41	33	53	49
Middle Atlantic.....	65	56	73	62	65	58	65	56	84	60
East North Central.....	36	10	42	10	40	10	34	50	38	34
West North Central.....	51	12	42	12	30	12	49	53	42	32
South Atlantic.....	50	68	73	56	60	86	80	58	54	64
East South Central.....	63	52	58	62	74	36	63	47	131	52
West South Central.....	68	104	82	113	77	71	106	76	73	52
Mountain.....	10	28	64	55	65	82	74	73	83	64
Pacific.....	69	57	80	39	47	78	62	21	95	78

² Waterloo, Iowa, and Helena, Mont., not included.

³ Madison, Wis., and Sioux Falls, S. Dak., not included.

⁴ Madison, Wis., Sioux Falls, S. Dak., and Fort Smith, Ark., not included.

⁵ Greenville, S. C., not included.

⁶ Spokane, Wash., not included.

⁷ Pawtucket, R. I., Buffalo, N. Y., Waterloo, Iowa, Sioux Falls, S. Dak., and Brunswick, Ga., not included.

⁸ Pawtucket, R. I., not included.

⁹ Buffalo, N. Y., not included.

¹⁰ Madison, Wis., not included.

¹¹ Waterloo, Iowa, not included.

¹² Sioux Falls, S. Dak., not included.

¹³ Waterloo, Iowa, and Sioux Falls, S. Dak., not included.

¹⁴ Brunswick, Ga., not included.

¹⁵ Fort Smith, Ark., not included.

¹⁶ Helena, Mont., not included.

¹⁷ Pawtucket, R. I., Buffalo, N. Y., Sioux Falls, S. Dak., and Brunswick, Ga., not included.

Number of cities included in summary of weekly reports, and aggregate population of cities in each group, approximated as of July 1, 1925 and 1926, respectively

Group of cities	Number of cities reporting cases	Number of cities reporting deaths	Aggregate population of cities reporting cases		Aggregate population of cities reporting deaths	
			1925	1926	1925	1926
Total.....	102	96	29,930,185	30,458,186	29,251,658	29,764,201
New England.....	12	12	2,176,124	2,206,124	2,176,124	2,206,124
Middle Atlantic.....	10	10	10,346,970	10,476,970	10,346,970	10,476,970
East North Central.....	16	16	7,481,656	7,655,436	7,481,656	7,655,436
West North Central.....	13	11	2,580,151	2,619,719	2,461,380	2,499,036
South Atlantic.....	21	21	2,716,070	2,776,070	2,716,070	2,776,070
East South Central.....	7	7	993,103	1,004,953	993,103	1,004,953
West South Central.....	8	6	1,184,057	1,212,057	1,078,198	1,103,695
Mountain.....	9	9	563,912	572,773	563,912	572,773
Pacific.....	6	4	1,888,142	1,934,084	1,434,245	1,469,144

FOREIGN AND INSULAR

THE FAR EAST

Report for week ended August 28, 1926.—The following report for the week ended August 28, 1926, was transmitted by the far eastern bureau of the health section of the secretariat of the League of Nations, located at Singapore, to the headquarters at Geneva:

Maritime towns	Plague		Cholera		Small-pox		Maritime towns	Plague		Cholera		Small-pox	
	Cases	Deaths	Cases	Deaths	Cases	Deaths		Cases	Deaths	Cases	Deaths	Cases	Deaths
Egypt: Alexandria.....	0	0	0	0	3	1	China:						
British India:							Amoy.....	0	0	16	---	0	0
Madras.....	0	0	0	0	8	4	Shanghai.....	0	0	100	32	0	0
Vizagapatam.....	0	0	0	0	1	0	Manchuria: Harbin.....	0	0	68	17	0	0
Rangoon.....	2	1	7	4			Kwantung:						
Tuticorin.....	0	0	0	2	0		Dairen.....	0	0	1	1	0	0
Siam: Bangkok.....	0	0	2	0	7	2	Port Arthur.....	0	0	2	0	0	0
Dutch East Indies:							Japan: Yokohama.....	0	0	1	0	0	0
Cheribon ¹	0	0	0	0	0	0							

¹ Two infected rats were found in the port during the week.

Telegraphic reports from the following maritime towns indicated that no case of plague, cholera, or smallpox was reported during the week:

ASIA

Arabia.—Aden.

Iraq.—Basra.

British India.—Calcutta, Bombay, Karachi, Chittagong, Cochin, Negapatam.

Ceylon.—Colombo.

Federated Malay States.—Port Swettenham.

Straits Settlements.—Penang, Singapore.

Dutch East Indies.—Batavia, Surabaya, Samarang, Belawan-Deli, Palembang, Sabang, Makassar, Banjarmasin, Balikpapan, Tarakan, Padang, Samarinda.

Sarawak.—Kuching.

British North Borneo.—Sandakan, Jesselton, Kudat, Tawao.

Portuguese Timor.—Dilly.

Philippine Islands.—Manila, Iloilo, Jolo, Cebu, Zamboanga.

French Indo-China.—Saigon and Cholon, Turane, Haiphong.

China.—Hongkong.

Formosa.—Keelung.

Japan.—Osaka, Nagasaki, Moji, Kobe, Niigata, Tsuruga, Hakodate, Simosenoseki.

Korea.—Chemulpo, Fusan.

Manchuria.—Antung, Mukden, Changchun.

U. S. S. R.—Vladivostok.

AUSTRALASIA AND OCEANIA

Australia.—Adelaide, Melbourne, Sydney, Brisbane, Rockhampton, Townsville, Port Darwin, Broome, Fremantle, Carnarvon, Thursday Island.

New Guinea.—Port Moresby.

New Zealand.—Auckland, Wellington, Christchurch, Invercargill, Dunedin.

New Caledonia.—Noumea.

Fiji.—Suva.

Hawaii.—Honolulu.

AFRICA

Egypt.—Port Said, Suez.

Anglo-Egyptian Sudan.—Port Sudan, Suakin.

Eritrea.—Massaua.

French Somaliland.—Jibuti.

British Somaliland.—Berbera.

Italian Somaliland.—Mogadiscio.

Kenya.—Mombasa.

Zanzibar.—Zanzibar.

Tanganyiki.—Dar-es-Salaam.

Seychelles.—Victoria.

Mauritius.—Port Louis.

Portuguese East Africa.—Mozambique, Beira, Lourenço-Marques.

Union of South Africa.—Durban, East London, Port Elizabeth, Cape Town.

Reports had not been received in time for distribution from—

Dutch East Indies.—Pontianak, Menado.

Madagascar.—Tamatave, Majunga.

CANADA

Communicable diseases, week ended August 28, 1926.—The Canadian Ministry of Health reports cases of certain communicable diseases in seven Provinces of Canada for the week ended August 28, 1926, as follows:

Disease	Nova Scotia	New Brunswick	Quebec	Ontario	Manitoba	Saskatchewan	Alberta	Total
Cerebrospinal meningitis.....	10	—	—	2	—	1	—	3
Influenza.....	—	—	—	—	—	—	—	10
Smallpox.....	1	—	—	2	4	5	1	12
Typhoid fever.....	—	6	17	15	6	—	12	57

Communicable diseases—Province of Ontario—August, 1926 (comparative).—During the month of August, 1926, communicable diseases were reported in the Province of Ontario, Canada, as follows:

Disease	August, 1926		August, 1925		Disease	August, 1926		August, 1925	
	Cases	Deaths	Cases	Deaths		Cases	Deaths	Cases	Deaths
Cerebrospinal meningitis.....	4	1	6	2	Pneumonia.....	—	37	—	67
Chancroid.....	1	—	1	—	Polio-myelitis.....	19	—	5	—
Chicken pox.....	133	—	136	—	Scarlet fever.....	141	2	106	—
Diphtheria.....	244	10	258	13	Smallpox.....	7	—	17	—
German measles.....	4	—	24	—	Syphilis.....	112	—	48	—
Gonorrhoea.....	112	—	107	—	Tuberculosis.....	133	44	95	59
Lethargic encephalitis.....	4	2	—	—	Typhoid fever.....	111	5	43	2
Measles.....	164	—	320	—	Whooping cough.....	305	10	256	8
Mumps.....	43	—	2	—					

CHOLERA, PLAGUE, SMALLPOX, TYPHUS FEVER, AND YELLOW FEVER

The reports contained in the following tables must not be considered as complete or final as regards either the lists of countries included or the figures for the particular countries for which reports are given.

Reports Received During Week Ended September 24, 1926¹

CHOLERA

Place	Date	Cases	Deaths	Remarks
China:				
Nanking	July 25-Aug. 7			Present.
Shanghai	Aug. 8-14	12	68	Cases, foreign; deaths, native and foreign.
Swatow	Aug. 1-7	6		
French Settlements in India	May 16-June 26	12	12	
India:				July 11-17, 1926: Cases, 1,758; deaths, 1,029.
Calcutta	July 25-Aug. 7	53	43	
Rangoon	July 25-31	1	1	
Indo-China:				
Saigon	July 18-24	1	1	
Philippine Islands:				
Manila	July 25-31	1	1	Nonresident.
Siam:				
Bangkok	July 18-31	15	8	
Straits Settlements:				
Singapore	July 4-17	2	1	

PLAGUE

Algeria	July 1-20	1		
China:				
Amoy	July 25-Aug. 7	7		
Nanking	do			Present.
India:				July 11-17, 1926: Cases, 127; deaths, 74.
Rangoon	July 25-31	8	7	
Indo-China:				
Saigon	July 18-24	1	1	
Madagascar:				
Province—				
Tananarive				June 16-30, 1926: Cases, 10; deaths, 9.
Town—				
Tananarive	June 16-30	1	1	
Siam:				
Bangkok	July 18-24	1	1	
Straits Settlements:				
Singapore	July 4-17	1	1	
Syria:				
Beirut	Aug. 1-10	1		
Tunisia:				
Do	June 21-30	24		
Do	July 1-20	12		

SMALLPOX

Bolivia:				
La Paz	July 1-31	2	4	
Canada:				
Alberta				Aug. 22-28, 1926: 1 case.
Manitoba				Aug. 22-28, 1926: Cases, 4.
Winnipeg	Aug. 27-Sept. 4	1		
Ontario				Aug. 22-28, 1926: Cases, 2.
Saskatchewan				Aug. 22-28, 1926: Cases, 5.
China:				
Chungking	Aug. 1-7			Prevalent.
Foochow	Aug. 1-14			Present.
Manchuria—				
Dairen	July 19-Aug. 8	2	1	
Nanking	July 25-Aug. 7			Do.
Swatow	Aug. 1-7			Do.
Chosen	May 1-31	180	36	
Egypt:				
Alexandria	July 23-Aug. 5	8	1	
Cairo	Feb. 26-Mar. 4	2		
France	May 1-June 30	49		
French Settlements in India	May 16-June 26	77	77	
Gold Coast	May 1-31	36		

¹ From medical officers of the Public Health Service, American consuls, and other sources.

CHOLERA, PLAGUE, SMALLPOX, TYPHUS FEVER, AND YELLOW FEVER—Continued

Reports Received During Week Ended September 24, 1926—Continued

SMALLPOX—Continued

Place	Date	Cases	Deaths	Remarks
Great Britain:				
England and Wales				Aug. 22-28, 1926: Cases, 90.
Nottingham	July 18-24	1		
India:				July 11-17, 1926: Cases, 2,735; deaths, 814.
Bombay	Aug. 1-7	7	3	
Calcutta	July 25-Aug. 7	7	4	
Karachi	Aug. 1-14	4	1	
Madras	Aug. 8-14	5	3	
Italy				June 6-26, 1926: Cases, 8. June 27-July 10, 1926: Cases, 3.
Jamaica	Aug. 22-28	10		Reported as alastrim.
Japan				May 30-June 19, 1926: Cases, 77.
Taiwan	Aug. 1-10	1		
Latvia				June 1-30, 1926: Cases, 2.
Mexico:	Apr. 1-30		380	
Mexico City	Aug. 22-28	1		Including municipalities in Federal district.
San Luis Potosi	Aug. 28-Sept. 4		1	
Torreón	Aug. 1-31		4	
Poland				June 27-July 24, 1926: Cases, 2; deaths, 1.
Siam:				
Bangkok	July 18-31	15	12	
Spain:				
Valencia	Aug. 22-28	1		
Straits Settlements:				
Singapore	July 11-17	1		
Tripolitania	Apr. 1-30	11		
Tunisia:				
Tunis	Aug. 11-20	2		

TYPHUS FEVER

Bulgaria	May 1-June 30	23	2	
China:				
Antung	Aug. 9-15	7		May 1-31, 1926: Cases, 247; deaths, 25.
Chosen				
Seoul	July 1-31	7		
Czechoslovakia	June 1-30	2	1	
Egypt:				
Alexandria	July 30-Aug. 5	1		
Cairo	Feb. 26-Mar. 4	19	6	
Lithuania	June 1-30	27	1	
Mexico:	Apr. 1-30		37	
Mexico City	Aug. 22-28	7		Including municipalities in Federal District.
Morocco	June 1-30	12		
Palestine	Aug. 10-16	2		
Poland	June 27-July 24	147	11	
Rumania	May 1-31	316	20	
Union of South Africa:				
Natal	July 25-31	11		In native compounds.

YELLOW FEVER

Gold Coast	May 1-31	3	2	
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Reports Received from June 26 to September 17, 1926¹

CHOLERA

Ceylon				Apr. 18-May 29, 1926: Cases, 31; deaths, 29.
China:				
Shanghai	Reported July 20	35	8	
Do.	July 25-Aug. 1	8	189	Cases, foreign; deaths, native and foreign.
Swatow	July 11-24		63	
Do.	July 25-31	14		
Tsingtao	do		1	
French Settlements in India				Mar. 7-May 15, 1926: Cases, 19; deaths, 18.

¹ From medical officers of the Public Health Service, American consuls, and other sources.

CHOLERA, PLAGUE, SMALLPOX, TYPHUS FEVER, AND YELLOW FEVER—Continued**Reports Received from June 26 to September 17, 1926—Continued****CHOLERA—Continued**

Place	Date	Cases	Deaths	Remarks
India:				Apr. 25-June 26, 1926: Cases, 18,526; deaths, 11,531.
Bombay	May 20-June 5	1	1	
Do.	July 18-31	2	2	June 27-July 10, 1926: Cases, 3,365; deaths, 2,065.
Calcutta	Apr. 4-May 29	478	418	
Do.	June 13-26	73	69	
Do.	June 27-July 24	152	146	
Madras	May 16-June 5	2	1	
Do.	Aug. 1-7	1	1	
Rangoon	May 9-June 26	67	44	
Do.	June 27-July 24	26	25	
Indo-China:				
Saigon	May 2-15	52	48	
Do.	May 22-June 26	42	32	
Do.	June 27-July 17	27	16	
Japan:				
Yokohama	Aug. 25	1		
Philippine Islands:				
Manila	May 18-24	2	2	
Do.	June 27-July 17	4	1	
Provinces—				
Albay	Apr. 18-2	1	1	
Mindoro	Feb. 21-Mar. 6	3	3	
Romblon	Dec. 14-31	42	43	
Do.	Jan. 2-23	16	12	
Siam:				
Bangkok	May 2-June 12	1,325	736	
Do.	June 20-26	56	26	
Do.	June 27-July 10	54	22	
On vessel:				
Steamship Macedonia	Aug. 5	1		At Yokohama, Japan. Vessel sailed from Singapore, July 18, 1926.

PLAGUE

Algeria:				
Algiers	June 21-30	1		Under date of July 16, 2 cases reported.
Bona	Aug. 14	1		
Azores:				
Fayal Island—				
Horta	Aug. 2-8	1	1	
St. Michaels Island	May 9-June 26	7	2	
British East Africa:				
Kisumu	May 16-22	1	1	
Uganda	Mar. 1-May 31	449	356	
Canary Islands:				
Teneriffe	Aug. 2	2		
Ceylon:				
Colombo	May 29-June 5	1	1	
Chile:				
Iquique	June 20-26		1	
China:				
Amoy	Apr. 18-June 26	40	30	
Do.	June 27-July 24	21		
Foochow	June 6-July 31			Several cases. Not epidemic.
Nanking	May 9-July 24			Prevalent.
Swatow	July 25-31	14		
Ecuador:				
Guayaquil	May 16-June 30	6		Rats taken, 30,014; found infected, 31.
Do.	July 1-31			Rats taken, 20,166; found infected, 22.
Egypt:				Jan. 1-July 22, 1926: Cases, 104.
City—				
Alexandria	July 27-Aug. 12	4	1	
Suez	May 21-July 1	9	5	
Do.	July 29	2		
Provinces—				
Behera	July 23-Aug. 12	5	1	
Beni-Suef	May 23-June 8	8	2	
Charkieh	July 27	1	1	
Gharbieh	June 2	1	1	
Minieh	July 24	1	1	

CHOLERA, PLAGUE, SMALLPOX, TYPHUS FEVER, AND YELLOW FEVER—Continued

Reports Received from June 25 to September 17, 1926—Continued

PLAGUE—Continued

Place	Date	Cases	Deaths	Remarks
France:				
Marseille.....	July 8.....	1	1	Reported July 24.
St. Denis.....	Reported Aug. 2..	1		Vicinity of Paris.
St. Ouen.....	Aug. 14.....	2		Suburb of Paris.
Great Britain:				
Liverpool.....	Reported Sept. 6..		1	Several cases.
Greece:				
Athens.....	Apr. 1-May 31....	16	4	Including Piræus.
Patras.....	May 27-June 12....	4	1	
Do.....	July 25-Aug. 7....	5	2	
Zante.....	May 17.....	1		
Hawaii:				
Hamakua.....	June 9.....			1 plague rodent trapped near Hamakua Mill.
Paauhau.....	July 18-24.....			Plague-infected rat trapped.
India:				
Bombay.....	May 2-June 26....	16	15	Apr. 25-June 16, 1926: Cases, 53,001; deaths, 41,576.
Do.....	July 18-31.....	2	2	June 27-July 10, 1926: Cases, 420; deaths, 283.
Karachi.....	May 23-June 26....	15	13	
Do.....	July 11-17.....	1	1	
Madras Presidency.....	Apr. 25-June 26....	162	93	
Do.....	July 4-24.....	80	33	
Rangoon.....	May 9-June 26....	20	15	
Do.....	June 27-July 24....	12	8	
Indo-China:				
Saigon.....	May 23-June 26....	8		
Iraq:				
Baghdad.....	Apr. 18-June 12....	161	103	
Do.....	July 18-31.....	2	2	
Japan:				
Yokohama.....	July 2-30.....	9	5	
Do.....	Aug. 7.....	2		Total: July 2-Aug. 10, 1926: Cases, 9; deaths, 8.
Java:				
Batavia.....	Apr. 24-June 19....	65	65	
Do.....	June 26-July 23....	27	26	
Cheribon.....	Apr. 11-24.....	3	3	
East Java and Madoera.....	June 13-19.....	1	1	
Madagascar:				
Ambositra Province.....	May 1-15.....	4	4	Septicemic.
Moramanga Province.....	Apr. 1-15.....	2	2	Do.
Tananarive Province.....				Apr. 1-June 15, 1926: Cases, 120; deaths, 111.
Tamatave (Port).....	May 16-31.....	1	1	
Tananarive Town.....	Apr. 1-May 15....	6	6	
Other localities.....	do.....	80	77	Bubonic, pneumonic, septicemic.
Nigeria.....				Feb. 1-Apr. 30, 1926: Cases, 115; deaths, 92.
Peru.....				May-June, 1926: Cases, 57; deaths, 16.
Departments—				Present.
Ancash.....	May 1-31.....			
Cajamarca.....	May 1-June 30....	10	4	
Huacho.....	July 1-31.....	1		
Huaral.....	do.....	5	2	
Huarmey.....	do.....			Present.
Ica.....	May 1-31.....	1		
Libertad.....	do.....	4		
Lima.....	May 1-June 30....	29	12	Pacasmayo, cases, 2; Trujillo district, cases, 2.
Do.....	July 1-31.....	8	2	
Haciendas.....	do.....	7	3	
Piura.....	June 1-30.....	13		In Huancabamba district.
Russia.....				Jan. 1-Mar. 31, 1926: Cases, 37.
Senegal.....				Nov. 1-30, 1926: Cases, 3; deaths, 2. Mar. 1-Apr. 30, 1926: Cases, 15; deaths, 4.
Siam:				
Bangkok.....	May 23-June 26....	2	2	
Straits Settlements:				
Singapore.....	May 2-8.....	1	1	
Syria:				
Beirut.....	July 1-10.....	1		
Tunisia:				
Kairouan.....	May 11-June 20....	150		
Do.....	June 9.....	3		9 cases 30 miles south of Kairouan.
Turkey:				
Constantinople.....	Aug. 1-14.....	2		

CHOLERA, PLAGUE, SMALLPOX, TYPHUS FEVER, AND YELLOW FEVER—Continued

Reports Received from June 26 to September 17, 1926—Continued

PLAGUE—Continued

Place	Date	Cases	Deaths	Remarks
Union of South Africa:				
Cape Province:	May 16-22.....	5	3	
Calvinia District:	June 13-26.....	12	6	
Do.....	June 27-July 3.....	1		
Williston District:	June 13-26.....	2		
Do.....	June 27-July 3.....	1		
Orange Free State—				
Hoopstad District—	May 9-22.....	3	3	
Protestant.....				

SMALLPOX

Algeria:				
Algiers.....	May 21-June 30.....	14		
Do.....	July 1-10.....	1		
Belgium:				
Antwerp.....	Aug. 1-7.....	1	1	
Bolivia:				
La Paz.....	May 1-June 30.....	14	7	
Brazil:				
Bahia.....	June 20-26.....	1		
Do.....	June 27-July 31.....	19	14	
Manaos.....	Apr. 1-30.....	5	5	
Para.....	May 16-June 23.....	25	25	
Do.....	June 27-July 31.....	14	8	
Pernambuco.....	July 11-17.....	1		
Rio de Janeiro.....	May 2-June 19.....	132	91	
Do.....	July 4-31.....	508	235	
Santos.....	Mar. 1-7.....		1	
British East Africa:				
Mombasa.....	July 5-11.....	5	4	
Tanganyika.....	May 1-31.....	252	46	
Uganda.....	Mar. 1-May 31.....	3		
British South Africa:				
Northern Rhodesia.....	May 18-24.....	17	6	Natives.
Do.....	June 8-14.....	5		
Canada:				May 30-June 12, 1926: Cases, 46.
Alberta.....	May 30-June 12.....	3		
Do.....	June 27-July 17.....	1		
British Columbia—				
Vancouver.....	Aug. 16-22.....	2		
Manitoba.....	May 30-June 23.....	24		
Do.....	June 27-Aug. 21.....	9		
Winnipeg.....	June 6-12.....	5	1	
Do.....	July 4-Aug. 28.....	11		
Ontario:				May 30-June 23, 1926: Cases, 35.
Fort William.....	July 25-Aug. 7.....	2		June 27-Aug. 21: Cases, 56.
Kingston.....	May 23-June 26.....	5		
Do.....	July 11-17.....	2	1	
Kitchener.....	Apr. 23-May 29.....	3	1	
North Bay.....	May 2-22.....	5		
Do.....	July 25-31.....	2		
Orillia.....	Apr. 26-May 29.....	7		
Ottawa.....	July 18-24.....	1		
Packenham.....	do.....	10		
Toronto.....	do.....	7		
Waterloo.....	do.....	6		
Saskatchewan:				May 30-June 23, 1926: Cases, 16.
Regina.....	July 4-10.....	2		June 27-Aug. 21: Cases, 38.
Ceylon.....				Mar. 14-May 29, 1926: Cases, 44; deaths, 3.
Chile:				
Antofagasta.....	June 6-12.....	1		
China:				
Amoy.....	May 1-June 26.....	4	8	
Do.....	July 4-10.....	1		
Antung.....	May 17-June 19.....	5		
Do.....	July 4-18.....	2		
Canton.....	May 1-31.....	4	2	
Chungking.....	May 2-July 31.....			Present.
Foochow.....	do.....			Do.
Hongkong.....	May 2-June 29.....	19	10	
Do.....	June 27-July 3.....	1	1	

CHOLERA, PLAGUE, SMALLPOX, TYPHUS FEVER, AND YELLOW FEVER—Continued

Reports Received from June 26 to September 17, 1926—Continued

SMALLPOX—Continued

Place	Date	Cases	Deaths	Remarks
China—Continued.				
Manchuria	July 4-31	18		Railway stations.
An-shan	May 16-June 12	5		South Manchurian Railway.
Antung	May 16-June 19	5		
Changechun	May 16-June 23	6		Do.
Do	June 27-July 3	1		Do.
Dairen	Apr. 26-June 20	69	16	
Do	June 23-July 18	3	2	
Fushun	May 16-June 5	4		Do.
Harbin	May 14-June 30	21		Do.
Do	July 1-28	12		
Kai-yuan	May 16-June 30	10		Do.
Kungehuling	June 13-19	1		Do.
Liao-yang	May 16-June 30	4		Do.
Mukden	do	4		Do.
Penhsiu	May 16-June 19	4		Do.
Ssuningkal	May 16-June 30	2		Do.
Teshihchiaio	do	2		Do.
Wa-feng-tien	do	3		Do.
Nanking	May 8-July 24			Present.
Shanghai	May 2-June 26	10	25	Cases, foreign; deaths, popula-
Do	June 27-July 24	3	3	tion of international conces-
				sion, foreign and native.
Swatow	May 9-July 31			Sporadic.
Tientsin	June 2-26		1	Reported by British munic-
				ipality.
Wanshien	May 1			Prevalent.
Chosen				Mar. 1-Aug. 30, 1926: Cases, 363;
Fusan	May 1-31	1		deaths, 85.
Seishun	do	2	1	
Egypt:				
Alexandria	May 15-July 1	18	3	
Do	July 23-Aug. 5	51		
Cairo	Jan. 29-Feb. 4	1	1	
Estonia				May 1-June 30, 1926: Cases, 3.
France				Mar. 1-Apr. 30, 1926: Cases, 92.
St. Etienne	Apr. 18-June 15	7	3	
French Settlements in India	Mar. 7-May 15	205	205	
Gold Coast	Mar. 1-Apr. 30	626	13	
Great Britain:				
England and Wales				May 23-July 3, 1926: Cases,
Bradford	May 23-29	1		1,068, July 4-Aug. 21, 1926:
Newcastle-on-Tyne	June 6-12	1		Cases, 572.
Do	July 11-17	1		
Nottingham	May 2-June 5	7		
Sheffield	June 13-19	1		
Do	July 4-Aug. 7	2		
Greece:				
Saloniki	June 1-14		3	
Guatemala:				
Guatemala City	June 1-30		2	
India				Apr. 25-June 26, 1926: Cases,
Bombay	May 2-June 26	220	134	54,831; deaths, 14,771. June 27-
Do	June 27-July 31	78	41	July 16, 1926: Cases, 6,890;
Calcutta	Apr. 4-May 29	171	132	deaths, 2,109.
Do	June 13-26	24	18	
Do	June 27-July 24	18	17	
Karachi	May 16-June 26	44	18	
Do	June 27-July 31	9	5	
Madras	May 16-June 26	7	4	
Do	June 27-Aug. 7	21	4	
Rangoon	May 9-June 26	10	5	
Do	July 4-24	3		
Indo-China:				
Saigon	do	2		
Iraq:				
Baghdad	May 9-June 26	8	3	
Do	July 4-10	1	1	
Basra	Apr. 18-June 22	34	25	
Italy				Mar. 28-June 5, 1926: Cases, 26.
Catania	Aug. 9-15	2		
Rome	June 14-29	4		Entire consular district, includ-
				ing island of Sardinia.
Jamaica				Apr. 25-June 26, 1926: Cases, 201.
Do	June 27-July 31			(Reported as alastrim.)
				June 27-July 31, 1926: Cases, 85.
				(Reported as alastrim.)

CHOLERA, PLAGUE, SMALLPOX, TYPHUS FEVER, AND YELLOW FEVER—Continued**Reports Received from June 26 to September 17, 1926—Continued****SMALLPOX—Continued**

Place	Date	Cases	Deaths	Remarks
Japan				Apr. 11–May 29, 1926: Cases, 564.
Kobe	May 30–June 5	1		
Nagoya	May 16–22		1	
Do.	July 4–10	1		
Taiwan Island	May 11–20	24		
Do.	June 1–20	23		
Do.	July 11–31	1		
Tokyo	June 26–July 17	3		
Yokohama	May 2–8	2		
Java:				
Batavia	May 15–June 25	2		Province.
East Java and Madoera	Apr. 11–July 3	100	6	
Do.	July 4–17	28		
Malang	Apr. 4–10	6	1	Interior.
Surabaya	May 16–22	14	1	
Latvia				Apr. 1–30, 1926: Cases, 3.
Mexico				Feb. 1–Mar. 31, 1926: Deaths, 602.
Aguascalientes	June 13–26		5	
Guadalajara	June 8–14		2	
Do.	June 29–Aug. 30		6	
Mexico City	May 16–June 5	3		Including municipalities in Federal District.
Do.	July 25–Aug. 21	3		Do.
Saltillo	July 18–24		1	
San Antonio de Arenales	Jan. 1–June 30			Present: 100 miles from Chihuahua.
San Luis Potosi	June 13–26		7	
Do.	July 4–Aug. 14		9	
Tampico	June 1–10		2	
Torreón	May 1–June 30		17	
Do.	July 1–31		5	
Netherlands:				
Amsterdam	July 18–24		9	
Nigeria				Feb. 1–Apr. 30, 1926: Cases, 404; deaths, 33.
Persia:				
Teheran	Apr. 21–May 21		7	
Peru:				
Arequipa	June 1–30		1	
Poland				Mar. 28–May 31, 1926: Cases, 12; deaths, 1.
Portugal:				
Lisbon	Apr. 26–June 19	10	3	
Do.	July 11–Aug. 13	20	5	
Oporto	May 23–June 5	4		
Do.	July 11–24	2		
Russia				Jan. 1–Mar. 31, 1926: Cases, 2,103
Siam:				
Bangkok	May 2–June 12	23	20	
Do.	July 4–17	24	23	
Straits Settlements:				
Singapore	Apr. 25–May 1	1		
Switzerland:				
Lucerne Canton	June 1–30	1		
Do.	July 1–31	2		
Tunisia				Apr. 1–June 30, 1926: Cases, 17.
Union of South Africa	June 1–30	8	1	
Cape Province	June 20–26			Outbreaks.
Idutya district	May 23–29			Do.
Orange Free State	June 20–July 3			Do.
Natal	May 30–June 5			Do.
Transvaal				June 6–12, 1926: Outbreaks in Pietersburg and Rustenburg districts.
Johannesburg	May 9–June 12	5		
Do.	July 11–17	1		
Yugoslavia				Apr. 15–30, 1926: Cases, 2; deaths, 1.
On vessel				Three cases, 1 death at Aden, Arabia, stated to have been imported by sea.
S. S. Karapara				At Zanzibar, June 7, 1926. One case of smallpox landed. At Durban, Union of South Africa, June 18, 1926: One suspect case landed.
Steamship	July 2	1		Vessel from Glasgow, Scotland, for Canada. Patient from Glasgow; removed at quarantine on outward voyage.

CHOLERA, PLAGUE, SMALLPOX, TYPHUS FEVER, AND YELLOW FEVER—Continued

Reports Received from June 26 to September 17, 1926—Continued

TYPHUS FEVER

Place	Date	Cases	Deaths	Remarks
Algeria:				
Algiers.....	May 21-June 30...	7	1	
Argentina:				
Rosario.....	Feb. 1-28.....	2		
Bolivia:				
La Paz.....	June 1-30.....		1	
Bulgaria:				Mar. 1-Apr. 30, 1926: Cases, 64; deaths, 12.
Chile:				
Antofagasta.....	May 23-June 26.....	4		
Do.....	June 27-July 3.....	1		
Concepcion.....	June 1-7.....		1	
Valparaiso.....	Apr. 29-May 5.....		1	
China:				
Antung.....	June 14-27.....	7	1	
Do.....	June 28-Aug. 1.....	17	1	
Canton.....	May 1-31.....	1		
Ichang.....			1	Reported May 1, 1926. Occurring among troops.
Wanshien.....				Present among troops, May 1, 1926. Locality in Chungking consular district.
Chosen:				Feb. 1-Apr. 30, 1926: Cases, 640; deaths, 66.
Chemulpo.....	May 1-June 30.....	38	2	
Gensan.....	June 1-30.....	1		
Seoul.....	do.....	8	3	
Czechoslovakia:				Jan. 1-May 31, 1926: Cases, 154; deaths, 4.
Egypt:				
Alexandria.....	July 16-22.....	1		
Port Said.....	June 4-24.....	4	1	
Do.....	July 9-15.....	3	1	
Cairo.....	Jan. 29-Feb. 25.....	55	11	
Do.....	July 23-Aug. 5.....	1		
Great Britain:				
Scotland—				
Glasgow.....	July 30-Aug. 21.....	9	1	
Ireland (Irish Free State):				
Cobh (Queenstown).....	May 30-June 5.....	1		
Do.....	June 27-July 3.....	1	1	
Cork.....	June 5.....	1		
Kerr County—				
Dingle.....	June 27-July 3.....	1		
Italy.....				Mar. 28-May 8, 1926: Cases, 3.
Japan.....				Mar. 28-May 29, 1926: Cases, 37.
Latvia.....				May 1-June 30, 1926: Cases, 19.
Lithuania.....				Mar. 1-May 31, 1926: Cases, 172; deaths, 21.
Mexico:				Feb. 1-Mar. 31, 1926: Deaths, 73.
Durango.....	July 1-31.....		1	
Mexico City.....	May 16-June 5.....	20		Including municipalities in Federal district.
Do.....	June 13-19.....	9		Do.
Do.....	July 25-31.....	3		Do.
Do.....	Aug. 15-21.....	5		Do.
San Luis Potosi.....	June 13-26.....			Present, city and country.
Morocco.....				Mar. 1-May 31, 1926: Cases, 414.
Palestine:				Mar. 1-June 30, 1926: Cases, 14, deaths, 1.
Gaza.....	July 6-12.....	1		
Haifa.....	July 13-19.....	1		
Jaffa District.....	June 15-28.....	5		
Majdal District.....	July 13-Aug. 2.....	2		
Nazareth District.....	do.....	3		
Tiberias.....	Aug. 3-9.....	1		
Peru:				
Arequipa.....	Jan. 1-31.....		2	
Poland.....				Mar. 28-June 26, 1926: Cases, 1,272; deaths, 85.
Rumania.....				Mar. 1-Apr. 30, 1926: Cases, 395; deaths, 49.
Russia.....				Jan. 1-Mar. 31, 1926: Cases, 14,814.
Tunisia:				Apr. 1-June 30, 1926: Cases, 110.
Tunis.....	June 11-30.....	3		

CHOLERA, PLAGUE, SMALLPOX, TYPHUS FEVER, AND YELLOW FEVER—Continued

Reports Received from June 26 to September 17, 1926—Continued

TYPHUS FEVER—Continued

Place	Date	Cases	Deaths	Remarks
Turkey:				
Constantinople.....	June 16-22.....	1		
Union of South Africa.....				Apr. 1-May 31, 1926: Cases, 153; deaths, 19.
Cape Province.....				Apr. 1-May 31, 1926: Cases, 116; deaths, 15. Native.
Do.....	May 31-June 30.....	49	5	
Glengray District.....	June 27-July 3.....			
Grahamstown.....	do.....	1		Sporadic.
Natal.....				Apr. 1-June 30, 1926: Cases, 28.
Orange Free State.....				Apr. 1-June 30, 1926: Cases, 24; deaths, 4.
Do.....	July 18-24.....			Outbreaks.
Transvaal.....				Apr. 1-June 30, 1926: Cases, 10; deaths, 5.
Walkkerstroom District.....	June 20-26.....			Outbreaks.
Wolmaransstad District.....	do.....			Do.
Yugoslavia.....				Apr. 15-June 30, 1926: Cases, 48; deaths, 7. July 1-31, 1926: Cases, 2; deaths, 1.
Zagreb.....	May 15-21.....	1		

YELLOW FEVER

Brazil.....	Reported June 26.....			Present in interior of Bahia, Pirapora, and Minas.
Bahia.....	May 9-June 26.....	10	7	
Do.....	July 4-10.....	1		
Gold Coast.....	Apr. 1-10.....	3	1	